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NHS Greater Glasgow and Clyde

**Black Minority Ethnic (BME) Feasibility and
Ethnographic Study in the Southside of Glasgow**



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Key findings, conclusions and recommendations

General findings

- The Southside of Glasgow encapsulates Scotland's ethnic diversity – various minority ethnic groups are settling and integrating at different rates.
- It is difficult to manage the emotions and politicisation of inequalities.
- Some minority ethnic community members feel provoked that certain services are not in their best interest.
- Barriers for these groups include language differences; skills and qualification gaps; lack of confidence and poor self-esteem; little understanding of systems in Scotland; depression; isolation; anger caused by financial problems; poor housing; poor access to services; and unemployment.
- Some minority ethnic community members recognise the link between unemployment and health.
- Relative happiness appears to be ultimate goal for many migrants – they mostly want menial jobs, but some employers are unwilling to hire them.
- Stigma was identified as one of the greatest challenges for minority ethnic community members, who resent that they are treated and labelled the same despite being different.
- In particular, differences between Slovakian Roma and Romanian Roma need to be recognised.
- There is a general lack of integration between minority ethnic groups in the Southside.
- For this research project, Pakistanis, who are the most settled, were much easier to engage with.
- All Pakistanis involved in the research spoke English, were approachable and had Scottish friends.
- It was relatively easy to meet and build relationships with Pakistani community champions. They helped set up focus groups with community members and took the researcher to shisha cafes for ethnographic purposes.
- Pakistani shopkeepers and managers allowed the researcher to speak to customers and introduced her to people in the community.
- The Polish are becoming more settled too.
- Most Poles involved in this research project spoke English, although some were less fluent than others. They all knew community members who did not speak English at all.
- Polish shopkeepers were engaging and helpful and local community champions relatively easy to meet.
- Polish local champions helped set up focus groups with their friends and family members and stayed in touch.
- Cash incentives for focus group attendees may have been a contributing factor to some community members' willingness to engage.
- The Slovakian Roma are not as settled as the Polish but some, especially the younger generation, appear to be more integrated than their elders.
- Only a few Slovakian Roma involved in this research spoke English.
- Most of the ethnography and interviewing with this group was conducted through a community organisation with access to translators.
- A spontaneous focus group with Slovakian Roma took place in a local library, where groups of young Slovaks often gather.

- The Romanian Roma were the most difficult group to engage with.
- Even when it felt appropriate to start conversations with Romanian Roma community members in local shops, none of the adults could speak fluent English.
- The researcher was able to speak to people from this community by building relationships with social workers, who allowed her to go with them on house visits accompanied by translators.
- The Slovakian Roma and Romanian Roma were reluctant to have their voices recorded.
- The Romanian Roma in particular struggled to understand the concept of 'informed consent'.
- This raised questions about the ethics of providing details of community members who agreed to be local champions, as English is not their first language.
- Several representatives from community organisations were reluctant to be identified, and noted that bureaucratic procedures restricted the extent to which they personally could be involved in future work with the NHS.
- Several community organisations that were contacted for involvement in the research did not respond to communications.
- Some community organisations did not deliver on their promises, while others were extremely helpful throughout the research process and introduced the researcher to community members.
- Issues such as smoking, alcohol, addiction, general health and trust should not be considered or tackled in isolation using a siloed approach.
- Other health outcomes and determinants of health may emerge by working with minority ethnic communities. These may be different to the one initially under investigation.
- Using asset-based approaches and co-production effectively and genuine engagement with communities through local champions were identified as priority areas for organisations.

Findings related to health issues in minority ethnic communities

These findings represent the perceptions of minority ethnic community members, who were involved in this research project. They may be challenged by other community members or authoritative figures within these communities.

Pakistani community

Background

- Since the 1960s, Glasgow's Southside has increasingly become the home of many Pakistani immigrants.
- Pakistanis are the largest ethnic minority in Scotland.
- Second and third generations of families are now settled in the Southside – several are integrated and demonstrating upward social mobility, entrepreneurship and property ownership.
- The younger generation appear to be facing an identity crisis of sort – they feel part of Scottish society, but try to maintain their Pakistani traditions and religious beliefs.

- Most younger community members consider themselves to be Scottish Pakistanis.
- It was suggested that some Pakistani parents are becoming more open-minded and trying to embrace Scottish society, but they are still not fully accepting of the Western way of life.
- The younger Pakistani generations are more liberal and have a desire to adapt to Scottish society. Peer pressure from Scottish friends was noted as a challenge.
- There are some difficulties with integration, including the adoption of undesirable secular habits and desire to marry outwith the Pakistani community and religion.

Smoking

- There was some confusion as to whether smoking was forbidden or permissible in Islam, but some community members openly admitted to smoking or knew many friends or family members who smoke.
- Smoking seemed to be a generational issue, being more prevalent amongst the older generation, who had not been aware of the effects of tobacco use when they started.
- The younger generation were considered to be more health conscious – many view smoking as a dirty habit.
- There was a stigma associated with female South Asians smoking – it was regarded as shameful and done ‘behind closed doors’.
- There was an underlying assumption that if the Pakistani youth were seen smoking in public, this would bring shame on the family.
- Smoking was more acceptable if it was out of sight.
- Community members were generally aware of the negative impact of smoking on health and wellbeing.
- Non-smokers chose not to smoke mainly for health, financial or religious reasons, but also hygiene.
- General awareness of smoking cessation services, but a strong belief in use of willpower to quit rather than medications or replacements.
- Some Pakistanis are reluctant to use NRTs for religious reasons.
- An increasing awareness and use of electronic cigarettes and shisha pens within the Pakistani community.

Alcohol

- It was noted that alcohol is completely forbidden in Islam, but it was acknowledged that many Muslims drink behind closed doors.
- Some community members suggested that Pakistanis are moving from alcohol to shisha – it has become a replacement for a taboo habit.
- Many of the younger generation Pakistanis face peer pressure to drink alcohol – they see it as ‘the cool thing to do’ particularly when they are in the company of Scottish friends.
- Pakistani community members suggested that excessive use of alcohol is a problem for Scottish people.

Addiction and drugs

- Drug addiction is taboo and generally not admitted.
- It was noted that illegal drugs had become easier to obtain in the area and this was spreading into minority ethnic communities.
- There was a general acceptance that Pakistani youngsters sometimes experimented with drugs, in some cases as an alternative to alcohol.
- As Pakistani families struggle to accept and deal with addiction, it was suggested that community members rely on various community organisations to raise awareness of smoking, drugs and alcohol and these organisations should provide assistance to those in need.

Food, exercise and general health

- It was noted that there was a high prevalence of diabetes and cardiovascular disease in the Pakistani community, but there was also a sense that individuals were trying to make better lifestyle choices in terms of diet and exercise.
- It was suggested that health services could be made more accessible for community members, for example more ladies only exercise classes.
- There has been a cultural shift from eating traditional curries and halal food to a more Western diet and fusion of cooking styles.
- An increase in the number of cake shops, ice cream parlours and sweet shops was seen to be having a negative effect on diet, but a positive effect on families going out and eating together.

Trust, relationships with doctors, obtaining information and social media

- In general, community members knew their doctors by name and trusted them as professionals, although some feared that personal information would be fed back to their family causing shame.
- This fear of gossip made community members reluctant to confide in other people within the community.
- Pakistanis would be hesitant to approach their doctors for assistance with any addiction-related problem.
- For second and third generation Pakistanis, use of social media is the norm. It was suggested that the opportunity to use this for health communication and interventions is massive.
- It was noted that the best way to work with the Pakistani community was through those who were well known and respected – trusted community champions.

Shisha

- All of the Pakistani community members either smoke shisha or have friends who do.
- It was suggested that it is not considered to be haram (forbidden) in Islam.
- It was pointed out that many Pakistanis have made their livelihood from selling haram products, such as sweets with gelatine, and shisha would be no different if it was forbidden.
- There has been a huge increase in the number of cafes and restaurants selling shisha in Glasgow and it is viewed as a trendy way to socialise.
- Shisha cafes were described as a safe place for younger people to hang out and meet other Pakistanis.

- Younger Pakistanis can generally visit shisha cafes as they do not need to provide proof of age.
- They are viewed as a friendly and protected alternative to bars and pubs and are generally accepted by Pakistani parents.
- It was suggested that smoking shisha will become increasingly popular with other indigenous groups in the area.
- According to community members, most shisha cafes in Glasgow do not sell alcohol, but serve food and are therefore ideal venues for Pakistanis to socialise – particularly during religious observances such as Ramadan.
- There was some disagreement as to the health effects of smoking shisha, but generally it was felt that the dangers were overstated by the NHS and other health bodies.
- The lack of scientific evidence and research data available on shisha smoking was questioned.
- All community members involved in this research said they would only stop smoking shisha for religious reasons.
- Shisha smokers were more likely to believe the views of Pakistani doctors when considering the health risks associated with shisha.
- Some said they would consider stopping smoking shisha if more 'hard evidence' became available or someone they knew suffered ill-health.
- There was confusion over whether (and to what extent) smoking shisha had a negative impact on health and how it compared to smoking cigarettes.
- Due to smokefree legislation, the legality of some cafes was questioned particularly with regard to the lack of adequate ventilation in some venues.
- Pakistani community members were surprised that shisha awareness campaigns were not delivered in local schools.
- It was recognised that there were some 'underground' cafes in operation and, as shisha smoking is now an integral part of the Pakistani way of life, these would continue to resurface if shut down by authorities.

Polish community

Background

- There has been an influx of Polish migrants to Glasgow for economic reasons – many want to earn more to enjoy a Westernised lifestyle.
- After forty years of communist rule, Polish people involved in this research said they are adapting and beginning to enjoy a Western style of life and embracing capitalism.
- Many community members, however, are torn between wanting to embrace life in Scotland, whilst retaining their cultural and traditional heritage.
- It was noted that embracing a Western culture has eroded traditional values and young people are getting involved in drinking at an earlier age.
- Many Polish community members feel they are not always welcome in Scottish society for a number of reasons including the language barrier and a 'them' and 'us' attitude.
- Many Poles have not been willing to assimilate, while others have completely accepted their new society and do not mix with the Polish community in Glasgow.

- It was suggested that the history of Poland has had an impact on lifestyle choices and acceptance of authority – the communist rule, restricted choice and freedom, mistrust of government, and the impact of the Catholic church.

Smoking

- Whilst the perception is that the Polish are generally smokers, most community members were ex-smokers.
- It was noted that age, education and background had a bearing on smoking behaviours.
- Many considered themselves to be ‘social smokers’ – only smoking with alcohol or when out with friends.
- Most ex-smokers had quit for health and financial reasons, but also family pressure.
- Smokefree legislation and marketing restrictions on tobacco products were also considered to have had an impact on cessation.
- In general, community members readily used NRTs, used smoking cessation services or approached their doctor to help quit.

Alcohol

- Agreement amongst community members that binge drinking is a problem in Scotland – far worse than in Poland.
- Polish migrants were shocked at public displays of drunkenness by Scottish people, particularly by females.
- Many community members noted that Poles have a different relationship with alcohol than the Scots. The perception is that Scottish drinkers start younger, aim to get drunk and will drink anywhere. The Polish, on the other hand, tend to drink at home or when socialising in the homes of friends or neighbours.
- Although it was emphasised that the Polish enjoy alcohol, some suggested that the Polish have a ‘healthier’ style of drinking – they drink smaller amounts, do not use mixers with their spirits and do not mix drinks.

Addiction and drugs

- It was noted that cannabis use was becoming more prevalent among Polish migrants as it was more affordable. There was also a perceived laissez-faire attitude by the establishment.
- Suggestion that younger and more affluent Poles were experimenting with class A drugs. Whilst some had started in Poland, others had been exposed to drugs after arriving in Scotland.
- It was admitted that addiction was an issue for some Polish migrants, but many would try to get help or talk to family and friends. Several community members were aware of the negative effects of addiction and the need to cut down.

Food, exercise and general health

- Strong tradition of eating ‘homemade’ food in Poland rather than take-aways.
- It was noted that it is important to eat ‘heartier’ food in Poland due to the hard winters.

- Whilst many community members accepted that much of the Polish cuisine was not particularly healthy, they did try to avoid frozen and fast foods.
- Most community members involved in the research try to exercise regularly.

Trust, relationships with doctors, obtaining information and social media

- In general, Scottish doctors were perceived to be unprofessional, uninformed, less qualified and not trusted, whereas Polish doctors are perceived to be better educated.
- It was suggested that you are generally not treated equally if you are a Pole living in Scotland – your complaints and concerns are easily dismissed.
- It was noted that Polish doctors tend to over-prescribe pharmaceuticals, but this is accepted and people try to stock up on medications when back home.
- It was considered difficult to build a relationship with your GP in Scotland compared to Poland, where patient-centred care is the norm.
- All community members use social media and Polish websites to obtain information and it was noted that this is a useful way to disseminate health messages.
- According to community members, Polish shopkeepers could help disseminate important health messages within the community.

Slovakian Roma community

Background

- Since the EU was expanded in 2004, there has been an influx of Slovakian Roma into Scotland.
- Around 1,500 Slovakian Roma migrated to Govanhill. More recently, some have moved to other areas in Glasgow such as Ibrox, Springburn and Greater Govan.
- Slovakian Roma resent being equated with Romanian Roma and there is antipathy between the groups.
- The Slovakian Roma face many barriers to integration such as lack of skills and qualifications; poor English and literacy; little relevant work experience; and the reputation of being lazy and untrustworthy.
- The perception that most Roma are travellers is also problematic – many have become more settled and integrated and feel they have a good life in Scotland.
- Many of the young people have been educated in Scotland and their English is good. They are now able to act as translators and community champions.
- Working with young people was seen as a powerful way to engage with the Slovakian Roma community.

Smoking

- There is a high prevalence of smoking in this community and people tend to start at an early age.
- Most of the older generation have smoked regularly for many years.
- While many in the community wanted to quit, they found it difficult to do so when so many other community members were smoking around them.
- Many were unaware of the availability of smoking cessation services and products and did not know that they could approach their doctors for help.

- There was a core group of Slovakian Roma who had never smoked or were ex-smokers. All of these community members were religious and said the church influenced their lifestyle choices.

Alcohol

- Most of the Slovakian Roma community members only drank alcohol on special occasions – when socialising or having parties with friends and family members.
- Alcohol was not something they could afford to consume on a daily basis.
- Drinking alcohol in excess was not perceived to be a major problem within the community.
- Some Slovakian Roma did not drink at all for religious reasons; others avoided alcohol for health reasons.
- Slovakian Roma community members noted that the Scottish tend to be a nation of drinkers.

Addiction and drugs

- According to some representatives from community organisations, there may be a core of Slovakian Roma who have problems with alcohol.
- It was suggested that community members would benefit from information on addiction and may welcome talking to someone in the health service.
- It was noted that it would be beneficial to ‘signpost’ community members to certain services.

Food, exercise and general health

- Within the Slovakian Roma community, there is a problem with dental caries due to the large number of sweets consumed.
- Children tend to consume high sugar drinks and sweets.
- It was noted that it is difficult to access healthier foods, such as skimmed milk or lower fat versions of products, within the community.
- Parents tend to shop where goods are cheap, but sold in larger portion sizes.
- Parents were considered lax in allowing their children to have too many sweets and fizzy drinks.
- Many Slovakian Roma involved in this research ate junk food, such as chips and kebabs, as it tended to be filling and cheap.

Trust, relationships with doctors, obtaining information and social media

- Whilst some Slovakian Roma trusted their doctor, the majority were suspicious.
- Many were unhappy that they are unable to access health information in Slovakian, but more community members are accessing NHS services and aware of the need to get registered with a doctor.
- Many people said they would trust other members of the community and approach them for support on health issues.
- Community groups suggested that it was best to communicate through word of mouth and share information via recreational activities and at local community centres.
- The younger generation have smartphones and use Facebook regularly, while the older generation tend to be computer illiterate.

Romanian Roma community

Background

- By 2011, around 1,500 Romanian Roma had moved into Govanhill.
- On 1st January 2014, Romanians were granted full accession rights to work in Scotland. Prior to that they could only be self-employed.
- The Romanian Roma hoped to lead better lives in Scotland with more jobs, better pay and good education.
- For many Romanian Roma living in the Southside, the reality is extreme poverty.
- One representative from a community organisation likened Romanian Roma to asylum seekers 'at the very bottom of the pile'.
- Many community members live in the worst housing conditions barely fit for human habitation with problems of overcrowding, infestation and anti-social behaviour.
- There is a lot of stigma and misinformation surrounding the Romanian Roma – that they are travellers, thieves and offenders.

Smoking

- It was noted that the majority of the Romanian Roma do not smoke for financial reasons.
- For those who do smoke, accessing smoking cessation services is not high on their list of their priorities – they are trying to meet basic needs such as providing food and shelter for their families.

Alcohol

- It was noted that the Roma community enjoy a party with music and dancing, but there did not seem to be problematic drinking.
- As with tobacco, alcohol was an expensive habit that could have a negative impact on family life.
- Romanian Roma community members noted that the Scottish drink alcohol in excess.

Addiction and drugs

- Addiction was not considered to be a problem in this community.
- Addiction was perceived to be more of a problem amongst the Scottish population.
- It was suggested that as younger Romanian Roma integrate into Scottish society, drug and alcohol use and addiction could become more of a problem in the community.

Food, exercise and general health

- General health problems due to poverty and living in sub-standard housing.
- Associated poor diet, lack of health awareness and personal hygiene.
- It was reported that there was a lot of food theft and scavenging for food in bins.
- Undernourishment was seen as a real problem for the Romanian Roma.
- Many are dangerously anaemic.
- There is evidence of poor diet in some Romanian Roma homes – home cooked chips, sweets, ice-cream, energy drinks, canned food products and

instant noodles. In one home, there was some evidence of healthy eating (a large fruit bowl).

- The issue of sub-standard medication being sent over from Romania was raised.

Trust, relationships with doctors, obtaining information and social media

- There was a certain amount of mistrust of authority, but some community members are building relationships with community groups who are deemed to be helpful.
- There is a general fear of social services and the possibility of having their children taken away.
- Some Romanian Roma trusted their doctors, but for others it was only acceptable to confide in family members.
- A lot of information is spread within the community by word of mouth.
- Communication with the Romanian Roma community was identified as the biggest problem as many members do not understand English and therefore cannot read written communications from health professionals.
- It was suggested that posters without words – only pictures – should be used to convey messages in the community.
- The idea of using community champions was raised by representatives from community organisations. These community members could be trained to work within the community and help educate and raise awareness of various issues.

Community engagement

Tokenistic research

- Researchers are not always welcome in the Southside, particularly when they do not report findings back to community members.
- There is a perception that organisations are not really engaging with communities – only ticking consultation boxes and acting in tokenistic ways.
- A strong desire to move away from parachuting into communities.
- There is a sense that organisations do not care about changing the lives of the Roma community in particular.
- Funders and organisations sometimes neglect to act on research recommendations.
- Comparable research in some minority ethnic communities has already been conducted, but is inaccessible as it is not published in peer-reviewed journals.

Other barriers to engagement

- A lack of funding was identified as a barrier to continuous engagement with minority ethnic groups.
- The funding that is made available for consultation with minority ethnic groups is sometimes misused by vested interests.
- A lack of proactive engagement and not working with existing community networks.
- More signposting to ensure community members know how to access services.

- The need to provide a financial incentive or reward for some community members to engage.
- Literacy and numeracy issues.
- Power imbalances within communities including interpreters who may offer misinformation.
- Perceived racism discourages community members from approaching certain services.
- Some services are not accessible and do not extend themselves to certain minority ethnic groups.

Genuine engagement and co-production

- Requires persistence and perseverance as 'passive resistance' may be an issue and community organisations or members may not always deliver on their promises or respond to communications.
- A 'one size fits all' approach to engagement within communities does not exist.
- Once established, relationships with community members need to be sustained.
- Communities need to feel that they have ownership of projects they are part of and should ideally come up with research ideas or campaigns themselves.
- Organisations should not go into communities with their own agenda – they need to respond to the priorities and assets within particular communities.
- Co-production helps build resilient communities.
- Organisations need to inspire people to meet their potential regardless of background.

Critique of the application of asset-based approaches and co-production

- Asset-based approaches are being advocated by policymakers and organisations, but not being appropriately applied in practice.
- Co-production, which helps sustain meaningful relationships with community members, should be priority for organisations working with minority ethnic groups.
- Organisations need to redress imbalances in the way services are delivered by shifting organisational cultures and traditional ways of working.
- Professional boundaries and the skills and values of individual members of staff within organisations should be considered.
- Organisations will need to train their staff accordingly and support them to work in this way, identify strong leaders, and have clear organisational values.
- Services should not start with problems and what is wrong, but start with what matters most in communities and what minority ethnic groups care about.
- There can be degrees in the application of asset-based approaches – it does not have to be 'either or'.
- Research findings should not be dripped into professional discourses.
- Knowledge gaps within communities should be identified and addressed with community members.

Local champions

- Organisations should find their own local champions and build meaningful relationships with them.

- Many community members are reluctant to use services due to confidentiality and trust issues. Local champions can help break down these barriers.
- Some local champions may be looking after their own interests so these relationships should be carefully managed and trust built over time.

Engagement through localised campaigns, recreation activities and the youth

- A blanket approach of engagement will not work – there needs to be autonomy in local messages specific to group needs.
- Sport, the arts and media (particularly radio) were raised as key ways to engage with minority ethnic groups and direct them to services.
- Volunteers are community assets, who should work with organisations.
- Community events focused on food and music are key ways to engage with communities, particularly the Roma community.
- There are benefits of working with the younger generation in minority ethnic communities.
- Services such as employability and health should be integrated.

Further recommendations

- The cultural diversity in Glasgow's Southside should be celebrated. Instead of focusing on the negatives and challenges that multiculturalism inevitably brings, services should incorporate the unique assets and traditions that minority ethnic groups bring.
- Differences between ethnic minority groups should be recognised, but it may also be useful to bring attention to similarities across communities to facilitate integration. Children from minority ethnic groups in particular are beginning to integrate, learn English and assume Scottish identities – they could help bridge the gap between 'them' and 'us'.
- Engagement with minority ethnic groups should not focus on trying to resolve problems, but rather viewed as opportunities to learn more about the knowledge gaps and passions within communities.
- Services should be integrated. Health awareness campaigns, for example, may be linked with English classes. Employment, education and health services could be assimilated in formal or even informal ways through community organisations and local champions.
- Staff within organisations should build relationships with local champions that they have identified and continuously engage with them. They should be seeking to form friendships with these community members and foster a genuine interest in their integration in Scottish life.
- It is necessary to know where community members have come from to know where they are going to. Classifying certain minority ethnic members as something they are not (for example, not understanding the distinction between Slovakian Roma and Romanian Roma) will generate further barriers and apathy from minority ethnic groups. Staff should learn more about the background of these community groups.
- Anti-stigma campaigns should be carefully crafted and delivered to break down perceived or actual racism towards certain minority ethnic groups.
- Interventions should be creative and linked to a community group's cultural context. Religion, for example, was raised as an important theme in all community groups researched. Health services could work with mosques and churches to develop awareness campaigns or interventions.

- Many community members, particularly from the Romanian Roma community, are living in abject food poverty. It may therefore be beneficial to create events or initiatives that provide food as a catalyst for engagement.
- Shopkeepers and managers from minority ethnic communities are community assets and have the potential to become trusted community champions, who can convey information about services.
- Patient-centred care was strongly advocated by minority ethnic community members, who were often disappointed by the detached and distrusting relationship they have with their doctors and health workers. GPs and other health professionals should be reminded that they are community assets and the way in which they engage with minority ethnic groups could have a positive impact on their health and wellbeing.
- All minority ethnic groups involved in this research noted that the Scottish population appears to have a problem with excessive alcohol consumption and some explained how this was having a negative influence on their lifestyle choices. There is therefore a real opportunity for interventions that will unite the Scottish community with minority ethnic communities in order to challenge social norms within communities and promote positive lifestyle choices.
- Organisations could work with the younger generation in minority ethnic groups to promote emergent trends to be healthier. Sporting, music, arts and media (especially radio) initiatives could be launched and culture-specific community events hosted with the help of local champions.
- Organisations will face resistance if they parachute into communities with their own agendas and then neglect to report back to community members. Meaningful and sustained co-production should therefore become a priority.
- Through the process of co-production with community members, it may become apparent that there are conflicting objectives between partners. An obvious example is the use of shisha in the Pakistani community, which is flourishing and shows no sign of waning – if anything, community members expect more shisha cafes to be established by local entrepreneurs. This has become a culturally acceptable way to socialise within the Pakistani community and community members, although willing to accept there may be some negative health implications, are not convinced by the evidence and say they will not stop smoking shisha if told to do so by the NHS or other health groups – only religious reasons would encourage cessation. The general perception is that illegal shisha cafes, which are compelled by law to shut, will reappear in other locations. Meaningful engagement with the Pakistani community through a process of co-production is therefore a priority.
- Organisations should develop a collaborative network with key community organisations and local champions. This will facilitate the dissemination of information and pool assets and resource.

1. Introduction

Scotland continues to confront a major health challenge: a persistent gap in health inequalities with the most deprived in our society facing premature death and suffering higher levels of disease (Scottish Government, 2012a; NHS Health Scotland 2012). Tackling inequality by socio-economic standing, ethnicity, gender or any other cause is high on the Scottish Government's agenda (Scottish Government, 2012a; NHS Health Scotland 2012). A Ministerial Task Force on Health Inequalities met for the first time in November 2012 to address the problem and inequalities is a dominant theme in the Scottish Government's Tobacco Control Strategy as there is a strong correlation between poverty and smoking prevalence (NHS Health Scotland, 2012; Scottish Government, 2012b; Scottish Government 2011).

In addition to smoking, other lifestyle behaviours such as poor diet and physical inactivity are linked to ill-health and these, coupled with other factors such as unemployment, are major contributors to health inequalities (Baggott, 2000; Netherwood, 2007). Several government and non-government organisations are currently endorsing 'bottom-up', asset-based approaches, which steer away from the traditional deficit model of 'experts knowing best' (Dickenson, 2005), to bring about positive behaviour changes and reduce the inequalities gap. These approaches aim to facilitate rather than deliver public services by working with communities (Scottish Government, 2011; Cabinet Office, 2010; Improvement and Development Agency, 2010; Welsh Assembly Government, 2011; Hastings and de Andrade, 2012) – the idea is to highlight positive aptitudes and the ability to recognise problems and find solutions, which in turn builds the self-esteem of individuals and communities and makes them less dependent on professional services (Morgan and Ziglio, 2007).

It is thus necessary to connect with people in marginalised neighbourhoods, but gaining access to individuals within BME communities is a complex and challenging endeavour with distrust and stigma being testing barriers (Tonkiss and Staite, 2012; Flanagan and Hancock, 2010). Research suggests that word of mouth is the best way to build contacts, engage with and disseminate information in these communities, and that building on existing relationships and structures within local communities may be productive when gathering data to assist in the strategic planning of services (Tonkiss and Staite, 2012; Flanagan and Hancock, 2010).



2. Research objectives and methodology

Using ethnography as a research method, which involves the researcher 'participating, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is said, asking questions – in fact collecting whatever data are available to throw light on the issues that are the focus of the research' (Hammersley and Atkinson, 1995), allows for the 'study of culture' and an understanding of beliefs and behaviours of BME groups 'from a native view' (Mertens, 1998; Jones *et al*, 2005).

This project therefore endeavoured to use ethnography as the main method to engage with minority ethnic community members living in Glasgow's Southside. Building on previous work on the BME population in the area which focused on smoking cessation and health inequalities (NHS Greater Glasgow, 2006), the study also aimed to ascertain how feasible it would be to engage and build relationships with community members over a relatively short period of six months.

The main overarching aims were to:

- gather specific BME groups' perceptions towards a number of pre-identified and emerging health related issues.
- use local contacts and ethnographic methods to engage with minority ethnic groups and access local community champions to determine if/how they could be community assets for future health projects and interventions.
- explore how an asset-based approach and co-production could be used to engage with minority ethnic groups.

In particular, the study sought to explore how Pakistani; Polish; Slovakian Roma; and Romanian Roma community members in Glasgow's Southside perceived topics such as:

- tobacco and shisha use
- smoking cessation
- acceptability of services
- alcohol consumption
- food, exercise and general health
- use of social media
- social connectivity
- understanding of addiction
- trust and suspicion in communities
- obtaining information

The researcher immersed herself in communities by contacting formal and informal networks and spending time in local neighbourhoods – going to local shops, community centres, libraries and shisha cafes for example. Ethnography was also conducted at two community events.

Furthermore, the researcher contacted various community organisations, which facilitated access to community members. She also interviewed representatives from community organisations¹ (n=35). Seventeen representatives from community organisations agreed to have their perceptions recorded, which were then transcribed. Detailed notes were taken during the other interviews.

Representatives from community organisations were particularly useful to facilitate engagement with minority ethnic communities that were harder to reach, such as the Slovakian Roma and Romanian Roma. Social workers facilitated communication with the Romanian Roma community.

The researcher established relationships with local champions from the Pakistani and Polish communities, who helped set up focus groups with community members. One focus group was conducted with seven Pakistani men aged from eighteen to thirty-four. Two focus groups (n=13; n=7) were conducted with Polish men and women aged eighteen to forty-five. These focus groups were recorded and transcribed.

A spontaneous focus group was also conducted with a Slovakian Roma group of friends and family members (n=7) aged eighteen to twenty-two in a local library, but community members did not want to be recorded so the researcher took detailed notes.

Only nine local community members agreed to be recorded and these exchanges were transcribed. The other community members involved in the researcher agreed to engage with the researcher, but expressed a preference for notes to be taken rather than their voices recorded. In total, the researcher engaged with seventy-eight minority ethnic community members in the six month period.



¹ In order to protect the anonymity of research contributors, 'representatives from community organisations' is used as a generic term for all participants that are *not* members of minority ethnic communities but are (or have been) engaged with these communities in formal or informal capacities.

3. General findings

To some extent, migration to the Southside of Glasgow over the past few decades is comparable to the influx of immigrants to New York in the mid-1800s – but on a smaller scale. The waves of immigration from various ethnic groups meant settlement and integration happened at different rates, but resulted in a ‘melting pot’ of divergent cultures that clung to their heritage.

As immigrants grappled with language barriers, illiteracy, lack of skills, suspicion of other cultures and religions and discrimination, they clustered together to form ‘micro nations’ within the city such as Little Italy. A rich, dynamic, diverse and multi-cultural city emerged over time.

Glasgow’s Southside appears to be on a similar trajectory. As one policymaker said at a community conference:

‘We’re a nation of immigrants. Diversity makes us a stronger country... the Southside of Glasgow encapsulates that diversity... we have something to be proud of.’

However, it was noted that ‘it is difficult to manage the emotions and politicisation of inequalities’, ‘people [from minority ethnic groups] feel provoked that these programmes [services] are not in their best interests’ and ‘the health services in Scotland needs to get its act together to get data on BME experiences’ (representatives from community organisations).

It was also highlighted that ‘we need to address and hope to overcome the barriers and challenges for BME groups’. Some barriers for BME groups identified through this research project include language differences; skills and qualification gaps; lack of confidence and poor self-esteem; little understanding of systems in Scotland; depression; isolation; anger caused by financial problems; poor housing; poor access to services; and unemployment.

Some community members made the link between unemployment and health:

‘If I’m poor and unemployed, it’s going to impact my health.’

And spoke openly about how health issues had an impact on their mental wellbeing:

‘I had health issues... I found it difficult to leave the house. My mental health was bad, but I’m feeling a lot better and feel loved.’

‘I don’t have family, I don’t have friends [in Scotland]... it’s very difficult.’

‘It’s important that you stay positive. If I’m not positive, I go down very fast.’

Relative happiness appears to be ultimate goal – many community members, particularly recent economic migrants, said they want simple jobs working in

factories or kitchens. While community organisations said migrants are 'diligent and hardworking... they're willing to go above and beyond', they also noted that 'employers don't look at this'. Indeed, stigma was identified as one of the greatest challenges for community members who resent that 'everyone is treated the same way' and they are all classed in the same category as 'BME' even though they are different:

'When you're dealing with ethnicity as a category and particular identities, one is always left out...' (representative from community organisation)

'All black people are not the same and should not be called the same...' (black community member living in Glasgow)

'... there appears to be unconscious bias rather than racism.' (representative from community organisation)

'Stigma has been identified as a major issue. The fear of being labelled is assumed.' (representative from community organisation)

A representative from a community organisation explained that differences between Slovakian Roma and Romanian Roma need to be recognised:

'... there is kind of classic mistrust across different racial lines. There is some interesting dynamics within the Roma community because you have got different nationalities within that for example... when the Slovaks people called them the Slovaks. And then when the Romanian Roma came the whole group became known as the Roma, which meant that you had this kind of lumping of all of the problems as Roma problems as opposed to maybe things that had emanated in Romania that came, nothing to do with Slovaks. Or you know Slovaks here been finding their feet were then lumped in with this "stupid minority" who had come and who didn't know how to use services... but who actually had been integrating and who were suddenly lumped in with this wider whole.'

Lack of integration between these groups was highlighted by community members too, who said that 'friendship between the groups is still very separate'.

These minority ethnic groups are settling into Glasgow's Southside at different rates. The Pakistanis, who are the most settled, were much easier to engage with. All of the Pakistanis involved in this research spoke English, had Scottish friends and were approachable. It was relatively easy to meet and build relationships with local community champions, who enthusiastically helped set up focus groups with community members and took the researcher to shisha cafes for ethnographic purposes. Pakistani shopkeepers and managers allowed the researcher to speak to customers and introduced her to people in the community.

The Polish, who have mostly been in Glasgow's Southside for about a decade, are becoming more settled too. Most of the Poles involved in this research spoke English, although some were less fluent than others, and they all knew people who did not speak English at all. Polish shopkeepers, who mostly sold Polish produce in

speciality stores, were engaging and helpful and local community champions were relatively easy to meet. They too were eager to set up focus groups with their friends and family members and stayed in touch. The fact that cash incentives were offered to focus group attendees may have been a contributing factor to some community members' willingness to engage.

The Slovakian Roma are not as settled as the Polish but some, especially the younger generation, appear to be more integrated than their elders. Only a few Slovakian Roma community members involved in this research spoke English and most of the ethnography and interviewing with this group was conducted through a community organisation that had access to translators on a daily basis. A spontaneous focus group also took place in a local library, where groups of young Slovakian Roma often gather. In this particular instance, one community member acted as a local champion and translator as he had been in Scotland the longest.

The Romanian Roma were the most difficult group to gain access to and even when it felt appropriate to start conversations with them in local shops, none of them could speak fluent English. The researcher was able to engage with people from this community by building relationships with social workers, who allowed her to go with them on house visits accompanied by translators.

It became apparent that women from this community in particular acted differently on the streets, where they were friendly, approachable and quite submissive. In their own homes, however, they were more confrontational and territorial – more suspicious about the researcher's intentions.

While some Pakistanis and Poles agreed that their views could be recorded for transcription, the Slovakian Roma and Romanian Roma were reluctant. The Romanian Roma also struggled to understand the concept of 'informed consent'. This raised questions about the ethics of providing details of those community members, who had agreed to be local champions. As English is not their first language, at times it was unclear whether the community member fully understood that this would mean their contact details would be supplied to the NHS.

Furthermore, several representatives from community organisations were reluctant to be identified and noted that bureaucratic procedures restricted the extent to which they could be involved in future work with the NHS.

For simplicity, findings are presented under ethnic groups in key themes that emerged during the research process. It became evident, however, that issues such as smoking, alcohol, addiction, general health and trust cannot be considered or tackled in isolation using a siloed approach. As one representative from a community organisation noted:

'... I was getting money to help long-term unemployed and all they wanted was an irrelevant vocational qualification when these were twenty-one year olds, who usually had an alcohol or drink problem or a mental health problem [and] were parents... they were so far from the job market as to be unbelievable. And yet if you got them a vocational qualification, their world was reborn.'

Another representative highlighted how other health outcomes and determinants of health may emerge by working with communities – and these may be different to the one initially under investigation. The example of the use of illicit tobacco in deprived communities was used as an example:

‘... you do have to reflect on the illicit tobacco thing... tobacco itself has had a lot of... investment, public health, health education investment over the years and clearly it’s pushed the problem down. It’s popped up in a slightly different form somewhere else and if you press that one down, it will pop up as something else... it might be illicit drug use, it might be alcohol, it might be something else. So you... have to face that question – how many times can you go pushing the problem down and not expecting it to pop up somewhere else? And I think you can only do that by changing the conditions that people live in and this is a step towards doing that through the empowerment.’

Using asset-based approaches and co-production effectively and genuine engagement with communities through local champions were identified as priority areas for organisations. These findings are presented under key themes towards the end of the report.



4. Pakistani community

4.1 Background

Since the 1960s, Glasgow's Southside has been increasingly populated by South Asians and particularly by Pakistani immigrants. The second and third generations, who are largely settled now 'with a significant segment showing upward social mobility', have become entrepreneurs and property owners (Grill, 2012) – often investing in businesses that reflect their culture:

'South Asians are becoming more affluent in terms of professional jobs, and they are investing their professional jobs into businesses and they want to do businesses that don't have alcohol and stuff as well. So the younger generation are investing in cool places like that [dessert parlours and shisha cafes]' (Pakistani community member).

The younger generation, however, appears to be fraught with an identity crisis of sort as it tries to integrate with Scottish society while staying true to its Pakistani origins and religious beliefs:

'... it's really difficult being who we are because we are trying to embrace Scottish identity, Pakistani and also our faith which is Islam, so there is a combination of three things. I think at times we are one more than the other and at other times... it kind of balances itself out. But there is definitely... attractions from different things all the time. Ideally in an ideal world Islam would be before Pakistani and Scottish like a hundred per cent...' (Pakistani community member).

But according to all the community members who took part in this study, being 'Scottish, with the sort of Pakistani culture' is not 'ideal' and has real, practical challenges:

'... you have to work obviously to make your living and sometimes it's hard to fit your prayers in... so you would have to pray either during your lunch time or later on and so on. For example it's Christmas time and my wee nephews and stuff, I always give them presents... but from a religious point of view I am not celebrating it saying this is the birth of Christ or anything, I still know what's my religion... I give them presents so that when they go back to school he doesn't feel left out, because you do feel left out if you don't get presents and stuff and you go back to school and all these kids got presents...' (Pakistani community member).

Most community members said they were Scottish Pakistani and noted that 'the younger generation are getting drawn a bit more to the Scottish thing' (Pakistani community member), which has several implications for the Pakistani culture. Firstly, they 'get more leniency now' from their elders:

'... parents have become more open minded as well rather in being really restricting in what they think. For example just basically thinking the worst of

the situation, they see it from a more open perspective now...' (Pakistani community member)

'... when our grandparents and that first came over to this country everything was really new to them. They were in a totally new environment and I think as time goes by they learned to adapt to their surroundings more and they become like more open and they adapt, they embrace the culture more as well...' (Pakistani community member)

'...[there are] generational shifts and things becoming more accepting in society... because younger generations are more liberal and understanding of different things so they will attempt different things that maybe our peers didn't do or maybe they did, but they have kept things hidden whereas now it's try a bit...' (Pakistani community member)

Community members were keen to highlight the difficult aspects of integration into Scottish society including the adoption of undesirable secular habits and desire to marry Western partners:

'...as a Muslim you can only marry a Muslim or basically, it used to be a woman in the book... someone who follows the Bible or the Koran... She needs to be a Muslim but a lot of people like convert as well nowadays... it's very hard. See when you see so many people like Scottish women or whatever culture they... convert to Islam and they are like "yeah, I really want to do this"... well once they convert they don't try to take on the religion, they are not active... they don't fully embrace it for the faith... if they do split up, the children are then brought up as non-Muslims... it's a hard one...'

'It's so challenging... when parents see that automatically the stigma thing comes in, so if you did have a white girlfriend who wanted to convert, first thing would be, "na, she won't last"...'

'... one thing, no matter how bad we are or good we are or whatever we do... "There is no God but Allah" and "Prophet Mohamed... was the last messenger"... that is something that will never leave us no matter if we drink, we smoke, we do this, we do that, there will still be a part of us... that will always bring you back to your faith and there is a constant guilt kind of one, kind of attachment to it that you don't actually want to leave. But it's just finding that balance...'

It became apparent that while retaining Islamic faith is of utmost importance to most community members, a significant segment of Pakistanis living in Glasgow's Southside are being lured away from their religion:

'...we've almost been lucky, like somehow or some way or another we have been linked to the Mosque or had something... you know something happens and they read their prayers and they say to you, "listen, you should even read one prayer a day, it doesn't matter, at least make a start on something". So you always have someone giving you a wee reminder. And I

think that's where we are lucky...but there is plenty of guys out there that couldn't care less...'

4.2 Smoking

There was some confusion over whether smoking is haram (forbidden) in Islam:

'No there is no fatwa [legal opinion] against smoking...'

'I would say it is...'

'No because... they have never said it is haram because it's a sin, do you know what I mean?'

'No not really [allowed]... because it is damaging your body...'

Others believe smoking is halal (permissible):

'...you get two different things. There is haram, and then there is not preferred, so it [smoking] is not preferred, so your preference is not to do it but it's not prohibited... it's preferred that you don't do it, but at the same time it's not haram...'

Nevertheless, some community members openly admitted to smoking or intimated that several of their friends or family members smoke:

'...quite a lot of people I know smoke, so yeah, friends and family. A lot of my family do as well...'

The older generation in particular were mentioned:

'There are a lot of smokers... what's happened with the South Asian community is, I know there is a generational shift and change going on. I think the first generation came over... their views on health and wellbeing are very different from the current second generation and third generation. Now the second generation... the focus on health could not be better at the moment, it's really, really good...' (Pakistani community member)

'I think that possibly, depending on the age of the person that you would be speaking to... there would be different issues... for the older generation, I think there is possibly an educational gap as to the effects of tobacco use, so oral tobacco use and smoking, because just from having lived within that area a good few years ago is that you do see a lot of older, especially older men from South Asian communities smoking quite freely...' (Pakistani community member)

While none of the Pakistani women said they smoked, some community members said they knew men and women smokers aged 'from as young as seventeen to my granddad basically', but it was more accepted for older men:

'Between the men, between the older men it's open. The younger guys and the girls tend to keep it quite quiet. But between ourselves... they keep it away from their parents and the older ones...'

“I don’t think I’ve ever seen a South Asian female of a certain age smoke and I know that there is issues with regards to what that says about you as a female if you are a smoker, there is lots of shame attached to smoking as a South Asian female. So it tends to be if it is done it’s done behind closed doors. But I think from what I know is that South Asian females it tends to be chewing tobacco...”

‘There is different forms of smoking though because you have got the... tobacco leaves which you chew on, or cigarette or you could have it in the hookah which is like the shisha pipe... my great gran... used to sit with the hookah pipes at home and the husbands knew about it and stuff, but they wouldn’t go out and about doing it. They would just do it in the comfort of their own home...’

‘... when you go to Pakistan you will see guys smoking everywhere all day long, but you won’t see women out smoking. If they do it they do it in the house...’

‘I think some parents know their kids [smoke] now... I think that is in all communities... the older generation do smoke most of them but they wouldn’t want their kids smoking...’

There seemed to be a consensus that out of respect, the Pakistani ‘child’ would choose to smoke behind closed doors:

‘...[friends] won’t smoke like at home and stuff but they like a wee drag outwith, won’t they?... so there is a bit of a taboo there that they don’t want to do it... they want to do it, but not in front of anyone and some parents don’t want it... I think some parents know their kids smoke, but they don’t want to see them doing it in front of them or in public. As long as they do it in private...’

But this was not considered to be unique to the Pakistani community:

‘... it doesn’t matter about which culture it is Pakistani or Scottish... yes in the Pakistani community it is more about respect so it’s like the families respect and how people would perceive your family to be “oh look at their son he smokes, it must be a bad family” and how you are seen in the community. So from that point of view yeah, you wouldn’t want your children to be seen smoking... but I think the stigma is generally within the communities still so the youngsters wouldn’t admit to parents...’ (Pakistani community member)

The stigma, however, was considered to be worse for Pakistani girls:

‘... the way the girls are viewed in the Pakistani community... is like they are the honour of the house and so on. So for example if something happens, if the girl was to be seen smoking and stuff they would be, “Oh their daughter, look at her!”... I mean all this extra stuff gets added onto it, “Oh she will

never get married and nobody will ask for her hand in marriage!” and all that stuff....’

‘The respect of the family... it’s like a family name....honour... it’s an honour thing... I think people have the idea of them, but women are seen, are held quite highly up within our community and in Islam... Like if you were to see an elderly woman smoking you would be like, “check the state of that Auntie!”...’

All of the Pakistani men agreed that they would not ‘go out with or marry someone who smoked’.

There was a general understanding of the negative impact of smoking on health and wellbeing:

‘Obviously it is bad from a health perspective...’

‘I used to smoke cigarettes and then I had a heart attack...’

There was even some awareness of the effects of secondhand smoke:

‘... before my childhood, you know before I was born, my dad used to smoke, my dad was into the blood of me....’

‘My husband smoked lots... he was a chain smoker, you know. Now he’s dead. Thankfully now there’s no more smoke in the house... it’s bad, you know. It makes me sick...’

One Pakistani elderly ex-smoker, who knew about smoking cessation services, explained how he went cold turkey after having a health scare:

‘...just [stopped] myself saying, “It’s not good for health”... stopping smoking suddenly...I came back from Pakistan and I suddenly I think, “It’s not good” so suddenly just...stop smoking...’

There appeared to be a general awareness of smoking cessation services and medications, but a determination to quit without assistance:

‘No, no need... no patches, no electronic cigarette...I know everything is available at town, electronic cigarette and patches I seen my friend, but... I don’t need, no nothing. Simple life, food, eat, sleeping, work...’

One Pakistani male, who used to ‘chain smoke’ but had quit for six months, insisted all you need is willpower:

‘...no doctor... nothing... when I put in my mind...that’s it...’

It was intimated that smokers in the Pakistani community, particularly the younger ones, are starting to see smoking as ‘dirty’ and contemplating cessation:

'I am not sure if they would go to the [stop smoking] clinics. I think they would look on techniques on how to do it. I think having that awareness that these clinics would help and support the work... see minority ethnic communities and specifically this group, they need options and opportunities and for someone to show that this helps and works...' (Pakistani community member)

'You know a lot of the guys who work at cash and carries and stuff might not know of these kinds of things and perhaps smoke because it's a release and that will never stop. But I think from the younger group up to, even up until the forties... are looking for ways of stopping... and they are becoming a lot more health conscious...' (Pakistani community member)

'...if they are serious about stopping then I think they would [go to smoking cessation clinics or seek help to quit]... there is a health change shift happening where people are, again it depends on your social circles and stuff, but I think in general... a lot more people are a bit more health conscious or trying to become more healthier and I am talking about older [Pakistani] folk as well...' (Pakistani community member)

'People are really becoming health conscious, their views on smoking cessation is that people do smoke a lot, but they are also looking at ways or means of how to stop smoking as well...' (Pakistani community member)

It was suggested that this newfound desire to be healthy should be capitalised on and creative and context-specific health awareness campaigns could be developed with the Pakistani community:

'... from the first and the second generation [Pakistani] the awareness, understanding [wanting to live longer and smoking cessation] is growing, it needs to be further developed and enhanced and shown that this is how you can stop these things... I think if there is programmes or strategies there that promote health awareness and this is how you do it, I think a lot of things like that would work...' (Pakistani community member)

'... if it's [health campaigns] addressed and promoted in the right way by community organisations, by mosques, by charities... we are very influenced by people in our own community who have perhaps tried it [a health service]... so you know what, it's worked for him...' (Pakistani community member)

Pakistani non-smokers said they choose not to smoke for health, financial, cultural and religious reasons – and because of the 'smell':

'...for me it's a health thing, it's, you know there is different parameters for each of those and each one of us has different reasoning behind it. It could be from how we grew up, or family experience, or friends that we keep, how religious or not religious we are. How into our culture we are...'

'... I think it's just the cost. I think back home [in Pakistan] a lot of them do smoke because it's extremely cheap, but over here, personally I don't smoke because of the smell. The yellowness... if you look at smokers fingers they go yellow and the teeth and stuff, I used to hate that so because of that I never used to smoke...'

'I just think it's pointless doing it, you are just wasting money...'

'I don't think the price it's more the smell and... if somebody smokes and they are walking you can smell that nicotine tar sort of smell. There is no benefits that come from it... it sticks to you as well you know the smell doesn't go away.... and you can tell a smoker straightaway... the cough as well... it's very annoying...'

'There has definitely been an interest in it [quitting] and that interest is coming from wanting to live longer, cancer being huge, specifically within the ethnic communities and the South Asian communities, you know again for religious purposes as well it's something that they are trying to give up...'

'If I talk about my friends who smoke, yeah they smoke. When it comes to periods like Ramadan for example you know or when we are focusing on training [football], I think people are becoming a lot more health conscious...'

It was suggested that Pakistanis would smoke or quit as a result of the influence from friends and family:

'If you have got a group of friends around that keep smoking then that will start on... I've got a group of friends that smoke, but they started because my brother started smoking... they started from then and they have just been smoking throughout the rest to be honest... so it just depends on who your group of friends are...'

'My dad was an ex-smoker... basically my gran she was critically ill and she asked him to stop that was one of her last wishes so obviously that is why he decided to stop... he has never smoked since...'

However, 'there was some resistance' to using nicotine replacement therapies (NRT) for religious reasons:

'Some [Pakistani smokers] are not keen to use NRT because they see it as putting something into their bodies that they don't want to put in... I know that there has been through the imams [Islamic leaders] a few years ago... they would talk about not using tobacco during Ramadan and how it related to the Koran and their faith... [they] wouldn't use NRT during Ramadan because that was breaking the fast is that right, because it was putting something within your body... it was basically do it of your own will power and free will...' (Pakistani community member)

There also appeared to be an increasing awareness and use of electronic cigarettes (e-cigarettes) in the Pakistani community, and a distinction between e-cigarettes and shisha pens:

‘...they [e-cigarettes] are becoming a lot more prominent as well, also in shisha terms as well....’ (Pakistani community member)

‘...they [e-cigarettes] are becoming a little bit more common again with awareness and people trying to sell them and stuff. The shisha ones I have definitely seen again being on sale and also in these [shisha] cafés as well so it can be taken away and people can smoke that wherever they want. It’s becoming business but also kind of, it’s not as common as smoking, but e-cigarettes are becoming an option for people...’ (Pakistani community member)

‘... the shisha ones when they are in the cafés perhaps they [customers] will take them. The e-cigarettes, not the shisha ones... I think people use it as a business to try to say... “I can get these and sell them on”...’ (Pakistani community member)

‘... not so much the e-cigarette, the shisha one...’

‘... you get shisha in pens as well, you know the e-light cigarette? You get shisha pens now too. So a lot of people are into them...’ (Pakistani community member)

‘... the other day I saw one of my [Pakistani] students... she had an electronic cigarette in the class. I saw this kind of haze in the classroom... I was very, very surprised because I have never come across a Pakistani or Indian woman who smokes in my experience... they don’t smoke openly...’ (representative from a community organisation)

4.3 Alcohol

All Pakistani community members said alcohol is ‘completely’ forbidden in Islam:

‘...that’s one of those things that....it intoxicates you...that is haram’

‘... if you look back at Islamic history, in Islam people did actually drink alcohol and stuff, but the only reason it wasn’t allowed afterwards was when they started drinking in excess, and that’s when they became intoxicated and started acting like how they wouldn’t when they were normal. So that’s how it got banned and they got rid of all of it... the same thing with drugs, it’s an intoxicant. It makes you act in a different way. And it changes the state of your mind...’

Nevertheless, they were quick to add that there are ‘quite a lot’ of Pakistani Muslims who drink behind closed doors:

'... [for] social reasons and then in Pakistan there is more of a... class... like, "we are upper class we have got alcohol"...'

'The culture says it's not [allowed], but trust me there is a lot of alcohol in Pakistan...'

'... a lot of Pakistani's are Muslim. Muslims don't tend to drink alcohol, because it's against our religion. But that's not to say that all Pakistanis or Muslims don't drink alcohol. A lot of them do. A lot of them keep it quiet again, just like smoking as well. They will do it, but they don't let other people know that they do it, which is fair enough because a lot of people talk around here. It is quite a close community and once one person finds out something they go and tell the next person, the next person and then you know it happens. So a lot of people do keep it quiet. But I think there are quite a lot that do drink...'

'I think it's definitely consumed... there are issues around it being becoming addictive for people, but I think that perhaps comes from... those who socialise a lot more or perhaps have family issues that it becomes a bit of an addiction. But still seen as a very social thing to do and it's not very regular, it's very occasional...'

'... I would still confidently say, 70% to 75% of that is still hidden indoors [drinking alcohol]...'

'...[drinking is] not a cultural thing that they are on the streets doing it, occasionally if you know they have got access to flats and stuff that will happen or on nights out that will happen. But still the culture within the Pakistani community in particular is not to be doing it out on the streets openly. It's still very hidden, it is something that is done, but it's not... for all to see...'

'... the thirty, thirty five plus... some of them do drink but again it will be in the confined spaces... they occasionally think that the whole religious element of it, of their faith will take them or steer them clear of it, but it doesn't always happen... they continue to do that [drink alcohol] and think they are dealing with it, but they will do it in a hidden way from within their own confines of family and they will keep that as a little side element of their life as well...'

'... mature people don't drink, don't take drugs or shisha. Immature people drink and use all the bad stuff... no way I'll drink or smoke or smoke shisha. Never. But some [in the Pakistani community] do... they just think "enjoy life" and use sharaab [alcohol]...'

Some community members suggested that Pakistani 'drinkers' were becoming 'shisha smokers':

'... I've noticed though there has been a shift even from those the normally perhaps drink to go and do some shisha...'

'... obviously drinking is a taboo in a lot of faiths and specifically the Muslim faith... a lot of them in the community see that [alcohol] as a taboo, so it's something that they don't go near and I've noticed recently that the guys perhaps or girls perhaps that did used to drink or are coming to an age where they have stopped that. Shisha is becoming a lot more as a replacement as well that, "you know what? This [shisha] is ok because I am not really allowed to do this [drink alcohol]". So there has been a little bit of a generation shift around that as well...'

It became apparent that alcohol consumption is a complex issue for Scottish Pakistanis. The second and third generations appear to be torn between wanting to stay true to Islam and Pakistani traditions and integrating with Scottish friends, who 'peer pressure' them:

'...I have been tempted to [drink alcohol]. It's been in my head, but no, it's not for me... you know like a bit more pressure and you will do it... you kind of have in the back of your head that "maybe I will do it", but no it's not for me. I don't think I would. You could put a bottle in front of me when nobody was here and no, it's just not for me...'

'...see when it's in a room and it's quiet... you are in a club, girls all around you saying "have some drink, we will do this for you"... I'll tell you right now I am like "no, I am not going to do it". But see when I am in that situation it's difficult and you don't know, but I would hope to God that I choose not to. But you don't know...'

'Just people, they want to experience it, they see it as the cool thing to do, especially in the younger community... in school and now I am in uni... I am around a lot of Scottish people and there is always like parties and you want to go to the parties. Don't get me wrong I have been to a few myself right, but I haven't really, I have never drank the alcohol because obviously I know I am not allowed to do that and it is against my religion. But you do get other types of Pakistani boys who go and they fully embrace it... they are pouring the drinks for everybody. So I mean it depends, there are some people out there that do want to, they do it to fit in with other groups of people...'

'...they want to try something new and sometimes it is kind of peer pressure as well...'

'... you have got your white friends and you obviously get you know they will say, "oh, just come...", but that point comes where you are like "oh, I am just going to try it to fit in with them" so they do it just to fit in with certain groups of friends. So it does matter about who are your friends as well...'

'... you will have your friends who are Muslim and then you will have your friends that are non-Muslims as well, so it's a balance of trying... when you are in uni and stuff, you are not going to constantly be around Pakistanis, you have to enter in and you have to get along with a wide variety of people, you have to socialise with everybody... it depends, say you are on a course

with predominantly Scottish people, so you are going to around them most of the time and that's the type of thing that they are doing... to socialise more, you go along and then it's just in the moment you are like well... I will have a drink as well and then you have a drink...'

'... it is a lifestyle choice as well. Personally myself I don't smoke, drink, nothing, that's just never really appealed to me. And I wouldn't have a problem being around people that are drinking because I know myself that I just don't want to do it. I will be happy to stick to my coke on its own I don't need to put anything into it. But then there are similar people that give it really quite easily and they would be like right just put a bit of vodka or whatever in and they will just start drinking. So it really is just down to the individual as well...and who you are with, your social environment...'

'They don't even give the effect now that I am religious, they just have a two different side of things, one is just yeah this is me religious or not religious, and the other one is with their little co-group that they might be doing or dabbling in drugs or even alcohol...'

An elderly Pakistani man admitted to occasionally consuming alcohol in the past:

'... one or two times alcohol, in thirteen years. One or two times...'

He insisted, however, that his younger son would not consider it:

'My son, no smoking, no alcohol nothing, no... no touch alcohol, no smoking, nothing, just tea, cup of tea and chapatti three times...'

There was a general consensus that drinking alcohol excessively was a part of the Scottish culture:

'... I think in other cultures it's perfectly accepted, you know like for example the difference in Scotland is binge drinking, so you don't drink till the weekend and then you get absolutely hammered...' (Pakistani community member)

4.4 Addiction and drugs

Being addicted to drugs or alcohol is generally not admitted or accepted in the Pakistani community, but is an issue for some men and women:

'Drug addiction is completely brushed under the carpet... "They've not been feeling well – it's black magic..."' (Pakistani community member)

'Many Pakistani women have to hide their addictions from their husbands. There's cultural stigma. His issues are different from others. If they come forward they'll be isolated and excluded from their families...' (Pakistani community member)

‘... you think it’s [drinking] a social thing, you think you do it because it creates that atmosphere of this makes me relaxed and I can have fun and I can be a bit more open to things. People admitting to having an addiction to alcohol is non-existent ... I am talking about guys who have perhaps got jobs in takeaways, restaurants... in taxis...blue collar jobs... they might have some money and they socialise with their friends in a way that is you know separate from their children and life or they might be single but that’s how they will do it... in a flat where they are having these drinks and they are not seeing it as a problem, but it’s a regular thing so it does happen...’ (Pakistani community member)

Some Pakistanis noted that it is becoming easier to obtain illegal drugs in the Southside of Glasgow due to an influx of migrants to the area:

‘... drugs... is becoming a lot more common with the younger lot. Cannabis and weed and stuff is very easily attainable and there is a number of guys who are young who are actually dealing it these days as well. And that is shifting to the communities such as Slovak, Roma as well in the areas because the areas are not very far from each other... it is creating some sort of gang culture as well. Problems are perhaps not around addiction but... they are definitely sampling and tampering with it and getting involved a lot more...’ (Pakistani community member)

‘Class A’s, cannabis... people are becoming a lot more knowledgeable on. And definitely there is a certain crowd within the minority communities that I think perhaps have money and perhaps are in the kind of scene, the kind of townie scene if you can call it that, that it is becoming a little bit more available and sampled as well...’ (Pakistani community member)

There also appeared to be an acceptance of ‘dabbling’ in drugs:

‘I’ve tried it aye [cannabis], I know it’s wrong but I just tried it for a buzz more than anything, just to have a laugh with friends... of course, they will try it for a laugh as well...a joke... “He’s trying it so why not? Should I try? I know it’s bad, but...”’ (Pakistani community member)

‘...it’s a lot more prevalent, the knowledge on it is a lot more evident, where to get it from is a lot easier as well and knowing... who is doing it is becoming a little bit, “oh, he does coke, he does this... I know that about him”...’ (Pakistani community member)

‘In our culture you would maybe dabble more with drugs, smoking drugs than perhaps you would with alcohol...’ (Pakistani community member)

‘... it’s not becoming an addiction so they think it’s fine it’s like a social cool thing to do. But it’s a lot more prevalent and available as well...’ (Pakistani community member)

It was suggested that it is important to work with community organisations to tackle addiction in the Pakistani community:

'A lot of campaigns or projects around smoking cessation and drugs and alcohol awareness that have happened in the past, they have been taken up with organisations that work with youth and work with the community. Within families the awareness or the ability to deal with addiction problems or alcohol or drug issues is not very good or strong, so the community actually relies on [these] organisations... to go and deliver and work with that. So they have reputable, trustworthy people within those organisations in post that can go and deliver these things...' (Pakistani community member)

4.5 Food, exercise and general health

There was a general recognition that there is a high prevalence of diabetes and cardiovascular diseases in the Pakistani community. This was coupled with a sense of agency for individuals to make better lifestyle choices to improve their health and wellbeing:

'I'm fat and maybe I'm going to get sick. If I lose my weight, I'll feel more confident to change my life...' (Pakistani community member)

'I think being healthy is the new kind of cool... go for a jog... that's why there is so many you know protein things and all these going to the gyms and stuff like that. That's the new trend nowadays...' (Pakistani community member)

'I think things and ways are changing... People are wanting to eat a lot healthier and people are setting up places that allows people to eat healthier... the South Asian community is becoming more aware of health, of food and what foods to eat...' (Pakistani community member)

'I know my friends' wives and children eat a lot better than I would eat when I was that age you know, but that's just because of the way it is. I think awareness around it, I think a lot more guys and girls are becoming a lot more health conscious with the gym and what they eat and stuff and that's, that's slowly taking shape...' (Pakistani community member)



It was suggested that 'the generation shift will change and is changing' to become healthier, but healthy eating is 'still not completely there because the South Asian style of food is not the best for you'. Furthermore, as Pakistanis become even more integrated in Scottish society, they are adapting their diets to include unhealthier Western foods:

'We cook a lot of stuff, pasta, pizza, burgers... the only thing I can't make is curries... because we are used to like our mum's curries which is like traditional... you don't mess with that...'

'... when I was growing up and I am a wee bit older than them it was, at home you just got curry you know and rice and stuff. But I think as things change and people change... nowadays if you go to an Italian outside, the chicken is halal so someone will go there for it you know. It's becoming a lot more open in terms of what you can have and where you can have. And that then in turn affects things at home because your mum or wife or sister or whatever, whoever does the cooking, they will experiment...'

'Grownups used to have obviously just Asian food all the time, but then when I was growing up... we used to have every Sunday, my mum and dad used to say "right, we will have something different... roast or we will have fish and chips..." But nowadays we kind of have anything...'

'Kids nowadays like become more demanding as well now like. If I go there and I eat curry every day of the week or something I will be like "it's boring man"...'

'Chapattis, curries and chapattis... with the younger generation though like my age and younger it is not so much chapattis any more, it's just mainly Italian food, pasta, pizza, that kind of thing. But we make it what we call Desi style... so you could have a pasta dish with lots of chillies, lots of chilli powder in it, meat and all sorts, so it's kind of half and half... Pakistani Italian... spicy...'

Some community members said they generally ate healthily, but enjoyed traditional Pakistani foods that are laden with fat:

'Two times chapattichapatti, rice, and lamb, chicken as well and lentil, vegetable, everything, everything, just a casual week, two days lamb, one day chicken, one day rice, one day lentil and one day vegetable. And fruits and milkshakes and just myself using breakfast sometimes, butter, butter chapatti you know...'

Others noted that an increase in the number of dessert parlours and sweet shops as a substitute for pubs and bars is having a negative impact on diet, but a positive influence on the Pakistani community:

'... dessert parlours are becoming a lot more readily available and a form of business for South Asian communities. Again seeing it as a social thing to

have some food, but then go out to hang out at dessert parlours and have desserts, cakes...' (Pakistani community member)

'... it's becoming a bit more of a family, a kind of family treat almost which is really nice... I'd rather them [community members] going for a dessert than going for a drink you know, but health implications and stuff, it's not the best having big cakes all the time...' (Pakistani community member)

'...the sweet shops, there is loads of them in Govanhill... I think for Asian families food is such a celebration especially after Eid and you know and I think having a big family get together after going to the mosque is quite a part of the culture. And there does tend to be quite a lot of fat use...' (Pakistani community member)

It was noted that more Pakistanis are exercising, but services could be more accessible to community members:

'... the NHS... can make things more available for people from different cultures... make, you know, in the health centres for example... they should have women's only classes where they are doing aerobics or something because NHS have all the records and if they can get that for free or reduced cost, I think the health of women would be a lot better as well. And older women I am talking about...' (Pakistani community member)

4.6 Trust, relationships with doctors, obtaining information and social media

Some community members knew their doctors by name, were generally satisfied with the NHS and trusted their doctors:

'... he [doctor] is good, nice, but sometimes problem. One day my son goes to some throat infection... he said your turn you can come after two months, three months, it's a long time an appointment... it's a big problem for here....it's a good service aye, no problem...'

'I am always honest with my doctor, I always tell them...I would speak to a professional...'

'... professionals... I would trust a professional... if it was a health professional and they were asking me, "do you drink or do you do this or do you do that?"...'

Others intimated that while some Pakistanis may be concerned with addiction, they would be reluctant to approach their doctors for assistance:

'... I think people are aware of it [addiction], but whether or not they are willing to get any help for it is a different matter. Some people will but the majority of people won't because they just don't trust the professionals that, like the doctors and things so...'

'No, I don't need the doctor's advice. I don't need to know [information about addiction] from him...'

For some, there was a fear that information imparted to a doctor would be relayed back to the Pakistani community thereby causing shame to the family:

'... I have a few friends... that drink and one of them in particular does have a problem with drinking. But he won't go to the doctor because his doctor is also his family doctor so his mum and his dad [have the same doctor]... he's another Asian as well Pakistani, so he is scared that if he goes and speaks to him about certain things he is going to go and tell somebody else even though doctors are not allowed to do that... because it has happened to him before...'

The issue of double standards was also raised. There was a perception that NHS employees have the responsibility to live 'clean lives' and abide by the standards they were imposing on others, but some community members are not convinced that they do:

'You [health workers] drink alcohol. Don't tell me to stop smoking if you smoke. Don't tell me to stop drinking if you drink. Don't be stressed and tell me to be better...'

There was a general reluctance to confide in other people in the community due to a fear of gossip:

'... they [Pakistani community members] are scared to sort of tell people. Well not scared, but in the sense that they are just probably going to tell somebody else. It's a bit like you know the whole gossiping thing... they don't want other people to know their business...' (Pakistani community member)

'... because of family bond, because of faith, because of community... you don't want to embarrass yourself in that community. You want to have that element of respect that your parents have given for you to continue that you know. Don't get me wrong it's slowly, I won't say changing, but it's becoming more relaxed but it's still a long way away...' (Pakistani community member)

'... people talk... because they are not really your friends... too many snitches... they are more associates... they are people in our community, I don't know why it is, they see, their main concern is meddling in other's people's business, trying to find out what other people are doing and making a big issue about that. That is a really big issue in Asian communities. Everybody likes a bit of gossip...' (Pakistani community member)

As a result, most community members said they would rather trust outsiders, 'real good friends' or God:

'... you almost trust someone better if you don't know them and they are not directly in your family, but you know of them and you know the kind of work

they do. Of course there are certain families that are tight... [but] the encouragement of sitting around a table and having that involvement and discussion doesn't really happen. So a lot of things, when you get to a certain age, a lot of the things that you want to do perhaps are not accepted by your peers or by your parents...'

'... the trust lies is within friends and within other networks rather than with family...'

'... good friends... real friends only... friends that they [Pakistanis] drink with maybe...'

'... you always have one... or two friends that you can fully trust and you know they are not going to go around saying anything and they will give you an honest opinion...'

'I trust myself. I trust the wonders of God... there is something that happens for a good reason, so I think I get a lesson from being attacked so I can see how the people, the sick people, the heart patients, so I have more feelings for them because I have been... through... terrible...'

It was also suggested that the lack of trust within families sometimes results in Pakistanis leading double lives:

'... there is certain elements of faith that people won't want to break. You know, if you are Muslim, Pakistani girl you come to me and I am your father and you say, "I am going out with this guy". No matter how liberal I've been and what life I've led I am still, "You are still my daughter". I'm still going to have that, "God she is doing this behind my back" type of thing. And this notion will take a while to change. Maybe it will never change, maybe it shouldn't change, but the trust that you have then in your other life and what you do is very separate from what you do at home...' (Pakistani community member)

All the second and third generation Pakistani community members said they use social media, and smart phones are the 'norm', but it was also suggested that the 'older generation' are starting to use it too:

'...everyone is on it...the question is "who is not on it?"...social networking is the way forward...'

'...it's huge, Facebook, Twitter, Instagram and all these things...'

'... Twitter, Facebook, they are very popular amongst the younger generation and a lot of the older generation are getting into it as well...'

Several community members suggested that potential to use social media for health communication and interventions is 'massive':

‘... it’s a huge influence and impact and I think wherever things can get promoted on that or spoken about on that or discussed on that it’s great...’

It was also highlighted, however, that some members of the Pakistani community are not computer literate:

‘... some of them do use it [social media], they use computers. But not all – some people... have no experience with computers. I think some Pakistani women don’t really use computers...’ (representative from a community organisation)

Alongside social media, it was suggested that Pakistanis obtained their information from community events:

‘Social media has become a common place to get it [information], but see what else has become common to get information is a lot of local community events. A lot of people attend them in different circles. So say it is a religious event... and if someone is trying to promote something then more than likely that community will maybe get a little bit of understanding of it... social media, events that are not related to that, it could be music related...’ (Pakistani community member)

It was explained how trust with people within the community can be built over time:

‘... a lot of our customers [in a local Southside shop] who come in every day, they know us now. I’ve been here over a year, [another community member] has been here over a year now and... they take our advice and things... [other community member] gives out a lot of advice on – people do trust her...’

There is also opportunity for community outsiders to work with the Pakistani community, according to one community member:

‘... because you are not from the community, there is a bit more of an attraction. It’s like – you know what? Someone actually cares and wants to come in and help and that’s looked on as great...’

It was suggested, however, that the best way to work with the Pakistani community if you are an outsider is to work with someone who is known and respected within the community:

‘With someone like you [outsider] coming in I think would work, but at the same time, having that knowledge and relationship with people would help you a lot as well. And if you were going in with the right people it’s also very, very strong. You know if you are going in with [a community champion or organisation] to deliver something and you are showing you know we have got this bond, we are working together and things then it’s definitely different and it’s for the benefit...’ (Pakistani community member)

It was explained, however, that some community members may not act altruistically and working with these individuals could be counterproductive:

'Obviously there is those people in the community who have got motives now... if you are involved politically or business wise... if I am seen as an affluent business man who has got business everywhere and suddenly he is coming in to say, "You should be doing this", they think, "Why is he kind of doing this? His plan is he's got four restaurants somewhere... it's not really his bag". So it's having the right people involved to deliver messages...'
(Pakistani community member)

All community members agreed that passing on information through word of mouth was most effective:

'... a lot of people in the community... they can't read or write English, or they don't speak English very well so if you are putting stuff down in leaflets, paper writing it down it's no good because they are just going to bin it. They don't understand it. So a lot of things do go around word of mouth. That is the best way to get it around...' (Pakistani community member)

Some said they obtain information from 'trusted websites':

'I would go onto the internet to look for like trusted websites... not like Wikipedia or whatever...'

The NHS website was raised as a source of information, but there were some concerns about the lack of detailed information available:

'... I've been on the NHS website before and I've looked at stuff that they have put up. But again it wasn't in depth like what they did or, it just says research we have done and that is it...'

'... to be fair I don't go to the NHS at all... you need to be given the information really... I know sometimes why they don't give it right, for example, if you are doing like a chemistry test and they say "yes a test was done and this is what we are doing"... if you don't explain how you did the experiment they are going to say to you, what did you do in those experiments, what was your situation, what was different, what was the climate like blah, blah...'

4.7 Shisha

All of the Pakistani community members either smoke shisha themselves or have friends who smoke shisha. Many pointed out that shisha does not 'change the state of your mind' and is not haram:

'... smoking [shisha] has never been haram...over the years the scholars and stuff have been smokers and so on and over the time nobody has ever said it is haram. It's only been an issue since the shisha thing has taken over in different parts of the world it is basically like down South... in Islam you

need to have something called a fatwa... and there is not actually a fatwa against shisha smoking to say this is haram...'

'... haram is your pig, your pork... drugs, alcohol, all that sort of stuff... smoking [shisha] is not, for me, for what I've read up and stuff like that it's not haram, it's preferred if you don't do it. But it's not haram...'

It was pointed out that some community members or religious scholars say smoking is haram, but there are double standards in the Pakistani community as tobacco, shisha and other products are still sold regardless of their whether they are forbidden or not:

'... some people say it's haram and stuff, but people sell tobacco all the time, do you know what I mean?' (Pakistani community member)

'Most Asian people have made their money of the back of corner shops and stuff, and most Asian people sell sweets, half of them are haram, they have all got gelatine in them. It's not halal gelatine. And they are happily, "Here, take three for a pound" and all that. Do you know what I mean? Crisps. Obviously somebody coming to the checkout and "listen son, not vegetarian you can't have that". Do they hell... "Aye give us your fifty pence, cheerio, see you later". They don't check you, but as soon as it comes to something like shisha they [the Asian community like the people from the Mosques] all just want to jump on this bandwagon...' (Pakistani community member)

It was suggested that public health efforts to persuade Pakistani shisha smokers to stop smoking are not grounded in religious 'facts':

'...there is two ways of thinking of that... there is religious and there is cultural. So religiously they [public health professionals] say because of all the new research and stuff like that, scientifically it's probably going to cause x, y, and z and due to that you shouldn't smoke it. So therefore they are trying to say that is it haram. But the reason why for example drinking is haram, they say it's an intoxicant, it doesn't change the state of your mind, you still act the same....' (Pakistani community member)

But shisha smokers agreed that they would stop smoking shisha for religious reasons:

'... if it was haram, I probably wouldn't smoke shisha then, I wouldn't smoke shisha. See if it was haram I wouldn't smoke shisha...'

'It if was haram I would stop... [others agree]... just because the NHS would say it to me I would never stop... if it was haram I would stop that is the only reason...'

They would also consider stopping if more evidence of the risks associated with shisha became available or something happened to a loved one:

'What would make people consider [stopping] shisha... is hard based evidence. And also perhaps if, heaven forbid, something happens to someone right, a death or something like that. I think then people might say, "God that might have happened because of that [smoking shisha]". Again it's not proven so it would be very difficult. That might make people stop or change their mind. But until that happens, God forbid, then people will still kind of happily go out doing it...'

They intimated, however, that health campaigns warning of the dangers of smoking shisha would not be effective:

'... the NHS, they could turn around and say it was bad for you and so on right, but like, it's a personal [choice]... I think they [the NHS] should be closing down [a fast food franchise]... it's the way they make the food and how horrible it is...' (Pakistani community member)

Smoking shisha has become synonymous with an accepted form of socialising in the Pakistani community:

'... there has been a massive influx in cafés and restaurants that are doing shisha in Glasgow... it's seen as trendy, it's seen as the new thing, it's seen as a place for girls and guys to go and hang out and do this, with parents perhaps acknowledging it, knowing that they are doing it, because parents might have been on holiday with their children to places like Egypt, to places like Tunisia or Morocco, to places like Saudi Arabia, and in those countries it's seen as normal because it is part of a social element to their lives. So what has happened is that it's come back here and people are making massive business from it...' (Pakistani community member)

'What is happening now is because the South Asian group, again, people who are specifically Pakistani and Muslim... are looking at other ways of how to socialise... of how to do things that they can get away with without thinking you know what, that's actually not right and the thing that is growing huge in this community is shisha...' (Pakistani community member)

'... shisha is becoming more popular, especially with the Pakistani Muslim community. And as I am not going out to socialise to pubs and drink and stuff or smoke, people are thinking or enjoying this aspect of being able to do that [smoke shisha]... just have that community around us. It's a lot safer, they feel a lot more, they kind of enjoy it, even though some people might not feel that... no matter what it's more prevalent right and it's going to happen...' (Pakistani community member)

There is also an awareness that the shisha culture is booming in other parts of the UK as well as Glasgow:

'I was in Manchester for Eid... here [Glasgow] we have a few dotting around shisha places. They [Manchester] had shisha places on a stretch of road and every single place was heaving, it was so busy and it was just like you know what – it goes – there was groups of guys and girls, families perhaps

at times as well. Mostly you know kind of I would say early twenties up to kind of late thirties doing that, but it's huge... (Pakistani community member)

'... it's quite common in Pakistan [hookah], now it's shisha, they have brought it here so everybody is going out for shisha, you have got a lot of shisha bars opening up especially down South in Manchester as well...' (Pakistani community member)

'... there are shisha cafes everywhere...' (Pakistani community member)

And it was intimated that more shisha cafes are going to open:

'... because in the Asian community if they see somebody doing something they will all want to get onto it. So you go to Pollokshields, you see the amount of butchers shops you get, or fried chicken places or pizza places... they all jump on the bandwagon so I am guessing that in the next year or two they will be about ten, twelve maybe around Glasgow...' (Pakistani community member)

'What is happening now is the [Pakistani] communities are becoming a lot more trendier. They are becoming a lot more educated, they are becoming a lot more professional. So they have the finance, they have got the money to be establishing these kinds of things [shisha cafes]...' (Pakistani community member)

Furthermore, some Pakistani community members suggested that Scottish people and other BME groups are increasingly becoming shisha café regulars:

'I think it's going to become a lot more common with the indigenous community as well, I think give it another four or five years... it is already... I think it is going to become a lot more, because people are becoming a lot more aware of these things...' (Pakistani community member)

'... there is a lot of Arabs now [visiting shisha cafes], black as well, black Somalian as well with that kind of culture of Islam perhaps... but here, especially in Glasgow, [the] Pakistani community... kind of run the show on that front...' (Pakistani community member)

Shisha cafes were described as venues that men and women get dressed up for and head out for the night – 'safe' replacements for pubs and bars that are accepted by Pakistani parents:

'...you have to bear in mind that [a lot of Pakistani community members] don't go into bars, don't go into clubs and stuff...' (Pakistani community member)

'... [Pakistani] parents are becoming more accepting of things because they know that you [are not] going to the social nightclub, [you are] going to a place where you know [community member] is part of [your] family, who they might know. [You] might be there so it's kind of safe and it's fine. Yeah of

course there will be stipulations on those folk as well, but at the same time there is that element of trust almost but knowing they are going to be going to a place where there is no drink or alcohol...' (Pakistani community member)

'... shisha bars are creating more of a kind of club type atmosphere for the shisha bar rather than a place where you can go and have shisha... so it's becoming more accepting within certain communities to say "oh we are going there", but their parents might not know that they are going to an environment like that... I think some parents would rather have them go to a shisha café rather than messing about on the streets... or going into town and stuff...' (Pakistani community member)

'Some parents don't have a problem with shisha I don't think as much as smoking... because you are in the house, like see my house, most nights and weekends it's like full of my friends and stuff, but like my mum and dad don't mind. They don't mind at all because we are in the house, they know where my brothers are, they know where we are and they know that you are not doing anything that you shouldn't be. And if they are at the café... they know that you are at the café and stuff and they know, like selling shisha for example...' (Pakistani community member)

'They [Pakistani community members] don't always want to go to a pub to have a drink. They want to go and have a relax somewhere where it's something a little bit different. It's cultured... I mean in clubs now you get those shisha things as well... especially the [shisha] pens, the pens are really picking up...' (Pakistani community member)

It was noted that most shisha cafes in Glasgow do not sell alcohol, but they make food and attract a relaxed, friendly clientele:

'... it's definitely seen as... where you can go and relax... Play Fifa man, on the Playstation... I think it's more of a place where you can go and you get to meet people who you have not seen. Even the old people you know I've never seen them in my life you know. And a lot of the shisha places people come from out of town...' (Pakistani community member)

'... shisha is different [to hookah], shisha basically has a foil on the top and you put the coals on top of the foil and that is the only bit that heats up either the herbal flavour that you put in or the tobacco flavour. But what happens is they are making that available in clubs as well, but personally I think mixing alcohol and shisha is a really bad mix because people are already drunk and stuff and then you've got things like fire and coals and you know...' (Pakistani community member)

As these shisha cafes are generally alcohol-free, they become ideal venues to attend during religious observances:

'... during Ramadan because I was on a bit of a religious spiritual [journey]... so there was a few regular [shisha cafes] that I just kind of went to because I

didn't want to be going into like bars that had alcohol and stuff in them...'
(Pakistani community member)

It was stressed that despite the name, smoking shisha is not the main attraction or focus of shisha cafes:

'... we have got a café, we are doing food, drinks, desserts... and then shisha. If you want shisha it's a separate area. So it's outside in the garden area. So it's not a shisha bar it's a café and the shisha is an extra.'
(Pakistani community member)

Some Pakistani community members were concerned that shisha smokers, in particular the 'younger generations', were unaware of the health risks and addictive nature of shisha and said it is becoming the 'norm':

'... [Pakistani men and women] are also smoking it [shisha], I think not knowing the effect of it and doing it freely at home, but more socially in these environments...' (Pakistani community member)

'My worry is from the younger generations coming up, is that especially within this community, that other methods of smoking are taking precedence and they are starting to sample and dabble in them which includes the likes of shisha...' (Pakistani community member)

'...there has been a generational shift of that, that's [shisha smoking] becoming more of the norm rather than smoking cigarettes. Don't get me wrong smoking cigarettes does still happen. I think people are wanting to find out more about smoking cessation so that they can find ways of stopping the smoking aspect of it because they don't think it's as bad or as bad you know problematic as shisha. They just think shisha is the social element, so it's totally fine obviously because of the flavouring and the fact that there is no visual tobacco, it's obviously the burning of the coals etc...'
(Pakistani community member)

'... if people are going to a shisha bar for the first time to see what all the fuss is about and they say "oh, would you like some apple flavoured shisha?" They are not necessarily going to equate that with tobacco when tobacco will be a constituent part. And they might have at that point, up until that part of their lives been a non-smoker and never smoked cigarettes. And so for them suddenly... the door is open to them consuming cigarettes and becoming very quickly addicted...' (Pakistani community member)

For the most part, however, it was suggested that shisha smokers are not currently thinking about whether or not it might be good or bad for your health: 'No one is thinking about it yet, no' (Pakistani community member).

Although a few community members compared it to smoking traditional cigarettes:

'...it is worse than smoking... I don't know if a lot of people are aware of it to be honest. Anybody I come across I do tell them and they are always

surprised. But I think because the shisha is flavoured they think that it's not like smoking cigarettes. It's just for fun. But I don't think they are aware of how dangerous it is... (Pakistani community member)

'It's worse than a thousand cigarettes, a hundred or a thousand?...'
(Pakistani community member)

While others initially said they did not believe the 'facts':

'It was two hundred [cigarettes] they [scientists] said but I don't agree with it...' (Pakistani community member)

'It's not confirmed... I disagree with that. I will tell you why, not because I like smoking or anything, but when you ask someone who does research did you do it on hookah or shisha they are like what is the difference? They don't have a clue themselves what the difference is between shisha and hookah is, so how are they doing the test? Also the tests have never been properly shown of what they actually tested...' (Pakistani community member)

But then clarified that they accepted the dangers of shisha smoking, but thought these were being overstated by the NHS:

'It's not the fact that we don't believe it. It's just there is not that much...facts...I believe it's bad, I believe it's bad, it's not good for you, but it's not as bad as they [NHS] are making it out to be... it's slightly exaggerated...' (Pakistani community member)

The veracity of the scientific evidence and scarcity of detailed research available was also questioned:

'Well I have never actually seen the physical research information given to me. It's just that they are comparing it to smoking two hundred cigarettes. Now where they get that from they don't tell anyone?' (Pakistani community member)

'... they are just giving us statistics, they are not actually saying how they've tested, what they have done you know, they are just saying smoking shisha for x amount of hours is equivalent to x amount of cigarettes. That's just a statement you know... they are saying it's a fact but to us it could just be a statement... they don't really have that much substance to their statement... they are saying that just to dumb it down for everyone else...' (Pakistani community member)

'I think even the research is quite, is quite in its primary you know it's not advanced yet...' (Pakistani community member)

'I think it's just because it's so new [research], it needs more time to develop....' (Pakistani community member)

The opinions of local doctors in the community, who also doubted research on shisha, were valued over those conducting scientific research:

'... I was speaking to a doctor about this at a party that I was at... he said the exact same thing... I was like "doctor, tell me right, work it right, I have smoked shisha every single day for about five years", he was, "Ok". "I probably have more than one a day sometimes", he goes "right". And I said, "So does that mean I am a four hundred a day smoker?" He went, "Sort off". So I said, "Technically I should be dead or something right? But I still play football, I can still breathe, I still have an inhaler, I don't have yellow fingers, my teeth are still fine right luckily". He went, "Look, I totally disagree with them they don't have a clue themselves what they are doing the research on"...' (Pakistani community member)

There were calls to make research methodologies and findings more transparent:

'They need to make it more open. And the best example that I can give is that if you look at the, Egypt, Egypt smokes shisha like nobody's business right, so if you look at the health background of Egyptians, right, when you go there most of them are like eighty odds and stuff and they are still living. And it's maybe because of the climate and whatever which is fine. But they smoke shisha practically every day, breakfast, lunch and dinner and stuff and it doesn't impact them the way that it's made out in the NHS. If it was that means that these guys from the age of eighteen, nineteen, twenty, are smoking two to four hundred cigarettes a day. By the age of forty I am sure you should be dead right. But it's not got to that stage yet.' (Pakistani community member)

It was also found surprising that there were no shisha awareness campaigns at local schools:

'I don't even think my school knew about shisha to be honest with you, you never ever hear about that in school...' (Pakistani community member)

One community member knew about the harmful health effects of smoking shisha through a commercial in London, which he vividly recalls:

'... someone smoking shisha, but there was lots of stuff, cigarettes actually following him because smoking shisha is equivalent of all these. So it was a bit of a... it was a really kind of hard hitting, disgusting impact they wanted on the individual which I thought... that's really explicit and visual... you know the way it would work. And also people are coming up with campaigns like that down south, we are way behind...' (Pakistani community member)

Due to smokefree legislation in Scotland, the legality of some shisha cafes was also raised by community members:

'... there is shisha bars everywhere. A lot of them tend to hide away because to have a shisha bar you need to have adequate ventilation. And they don't have it, so they hide it away....' (Pakistani community member)

'... a lot of the other ones have closed now... there has been a lot of trouble and they have closed it down because the police get involved when there is trouble and then they see what is going on...' (Pakistani community member)

It was stressed that some shisha cafes were considered to be 'legal' and shisha smoking happened outside:

'It's just you hear the people... you know somebody who knows a place... I know the guy who opened it [a shisha bar] and he is like a proper business man and stuff so that I am assuming that it is legal...' (Pakistani community member)

'... then in the outside area there you can actually sit there and have shisha and stuff...' (Pakistani community member)

Community members suggested that if the authorities worked with shisha café owners to ensure they operated within the law, then there would be no problems:

'... if they [authorities] did it [worked with shisha café owners] properly then there would be no problem with it. If you go to Manchester Windsor Road, it's covered in shisha bars like every second shop has got shisha and what they do is they have it outside, so they have got covers so you are not you know sitting in the rain or anything, and they have got heating and stuff and they make it nice and open so it's legal as well... but they just don't do that here...' (Pakistani community member)

As a result, according to some community members, 'underground' or illegal shisha cafes are in operation:

'It wasn't underground [a shisha café community members used to visit]. I mean you could see it and stuff and you could come in if you wanted to and stuff, but it was just the fact that it was indoors. The issue with smoking is when you are directly burning tobacco, so there is two separate things. There is hookah and there is the shisha. Hookah is what, in Pakistan and India, what people used to do is put tobacco on top of this clay bowl and put logs, fire logs on it and then smoke it and that used to cause the tar that was burning right through and it was really harsh. If any of us tried to smoke it we would never be able to, we would be coughing up, but you could give me a shisha and I could be sitting there for two or three hours, I wouldn't have any issue....' (Pakistani community member)

'... some of them [shisha cafes]... they were underground. You had to go through about five different doors to get into a place and stuff... some of them still do...'

It was noted that some of these shisha cafes are advertised through social networks and Facebook rather than through traditional advertisements:

‘... you just walk in... you don’t need to go with somebody, there isn’t like a secret password to get in or anything. You just go, if you know where it is then go, that’s it. But obviously they don’t advertise because it might not be legal...’ (Pakistani community member)

Irrespective of legal status, shisha cafes are frequented by community members because they are perceived to be trendy and allow men and women in the Pakistani community to mix freely:

‘... when you go to cafés and so on, I think the biggest issue that people have just now is the vibe that you get when you go into some of these places...’ (Pakistani community member)

‘... they don’t have an age limit so people sixteen and above come in...’ (Pakistani community member)

‘... the other thing is free mixing, so a lot of people talk about free mixing which is boys and girls mixing in an environment. But that happens everywhere, at colleges and universities and stuff... guys and girls shouldn’t mix, because of the environment it creates and stuff. On top of that you have got music...’ (Pakistani community member)’

5. Polish community

5.1 Background

There has been an influx of Polish migrants to Glasgow since the expansion of the EU in 2004, mainly for economic reasons. As one community member put it:

'People which came to Scotland focus more about money... in Glasgow most [Polish migrants], I am not saying everybody, but most people trying just to earn, earn, earn... it's just buy Playstation, put him in his room, feed him up and it's peace and quiet...'

The Polish community in Scotland is trying to become accustomed to a widely divergent society:

'Basically Poland became more as a West country if you know what I mean, rather than East country, how it used to be. After forty years under the communist... we are getting there I would say... the Western style of life... and people just like getting excited about that [capitalism]...'

And community members appear to be torn between wanting to embrace life in Scotland, while staying true to cultural and traditional heritage:

'I would say no it's not a good thing [Western society]. We should stay ourselves and not change the other cultures and other kinds of traditions or something. I think we should stay the way we are...'

'... Poland is getting more similar to the Western cultures, so that is why it has been changing as well. Which is less of a good thing in some aspects... because youngsters start doing things very early, I am looking at that from my perspective, when I was sixteen I wasn't doing things that these sixteen year olds do now, it's unbelievable. I wouldn't think about these things that they are doing now, when I was sixteen, no chance...'

Some spoke about the challenges involved in trying to integrate into Scottish society and got the impression that the Polish are not always welcomed:

'... but to tango, it always takes two. Are they [Scottish locals] interested [in the Polish community]? The language is a barrier and it's very hard. There's a 'them' and 'us'. I'm friendly and I respect them [Scottish people] even though some think we shouldn't be here. But we can be here... the gate is open...'

'Some [Polish community members] sit at home... watch Polish TV...they can't assimilate...'

Others appear to be settling in well and do not feel that they belong to the Polish community in Scotland:

'... sounds weird but I don't really know many Polish people in [Glasgow]... even though I have been living here for eight years...'

'... I didn't feel that I needed to just stay in the community of Polish community. I was really open to meet new people...'

Many said they find it difficult to discuss Poland's history and believe it has had an impact on their lifestyle choices and acceptance of authority:

'... it's quite difficult talking about the politics now because... twenty five years ago you know it was communist in Poland you know, so people wait a couple of hours in the queue because they need bread or meat something like that... or coffee... vodka on the shelf, that was the only thing, was the vodka in the shop...'

'Government, we didn't really trust in Government I mean back in history. It was like I said forty years under communism...that was different...I would say politics and stuff like that...'

'... our history is totally different than British, or Scottish or whatever, and I think a history had a big effect on Polish people in general, how they, in terms of the lifestyle you know, I mean even culture, how we drink alcohol for example...'

There was also a sense that Scottish people do not have an awareness of Poland's past and the impact it has had on the way the Polish live:

'And people [Scottish] don't understand that, they don't know these things, it was a completely different... and also our Catholic church in Poland has a big impact on, a massive impact on... the Polish people in general...'

'... [there should be] more education for origins about us, about Eastern people...'

It was also intimated that the Polish living in Glasgow's Southside do not trust new migrants to the city:

'Polish don't trust the Roma. They steal. We've had lots of problems [in a local shop] we've had to put cameras up...'

5.2 Smoking

The perception was that the Polish are generally smokers, but most community members were ex-smokers:

'Lots of people smoke. I stopped in ten weeks...'

'I used to smoke actually... high school probably...'

'I smoked in the past, just a little bit, not too much, but I did smoke in the past...'

It was noted that 'education', background' and age may have an influence on whether Polish people smoke:

'... when I came here I worked in a chicken factory, and working people usually in their fifties from Poland with no English, usually very poor education. And I think most of them smoked...'

Some non-smokers spoke about how left out they felt by not smoking in a country where smoking was the norm:

'... I think my last cigarette was when I was maybe fifteen or something. And I just tried to be cool and I wanted to have a cigarette and I was just coughing really badly and I just can't smoke. I felt like a failure to be honest because all my friends were smoking and socialising and she just called me a geek, some people they just kind of think if you don't smoke then you are not fun to be around or something like that...'

A few community members had smoked for up to seventeen years, others 'on and off' for a few years and some considered themselves to be social smokers who would smoke 'when you have a break you go with friends and smoke':

'My first cigarette I had fifteen years ago. But for the past two years I have only been smoking very little, basically when I go for a drink. So if I don't drink I don't smoke, I don't smoke every day on a daily basis. I only associate smoking with alcohol basically. And I am happy because I haven't been smoking it for two weeks and I don't really crave it. It's only when I will go for a party...'

'... I used to smoke every day, but for about two years. Now it's just like social smoking...'

'Smokers said that they were trying to cut down and were aware of the dangers of smoking:

'... I like smoking. It helps me to relax... I am trying to smoke less now, so I smoke like three cigarettes a day... it's not good for your health and wellbeing, so I am just trying to smoke less...'

'... this [smoking] is a relax me and for two minutes, and I like smoking as well. And I smoking ten cigarettes a day. I try and stop smoking two months ago but it didn't go well...'

Ex-smokers had quit for health and financial reasons, because of the smell, pressure from friends and family, and stress:

'It's not good for you apparently...smoking, it damages your health, it stinks, sorry for the language but it's not good at all...'

'Smoking, oh God it just smells so badly... I could not stand the smell of cigarettes in the flat or on my hair or on my clothes or anything...'

'... [quitting is] better for your skin for example... [smoking is] not good for your body and stuff...'

'... my wife, she never appreciated that, the influences of other people... it's a bad habit I would say...'

'... for health... as well obviously, that was not the only reason why I quit but the main one I think...'

'Smoking is bad...that's why I stopped...'

'Everyone knows how smoking impacts on your health...'

'Life problems, social problems... stress...'

'Also I think the reason why people tried to, tried to quit smoking is the money, is the cost of the cigarettes...'

'... most [Polish community members in Scotland] don't smoke because it's too expensive...'

'Seriously they are so expensive so some people just give up... it's as simple as that...'

There was also some recognition that smokefree legislation and marketing restrictions on tobacco have had an impact on cessation:

'... these days we can say most people don't smoke, because you know maybe fifteen years ago was quite popular you know – see the girl and the boy with cigarette [in advertisements]. Now is a lot of advertising in newspaper, TV about how the smoke, you know, the cigarette impacts on your health so that people understand what does it mean smoking. And I think now we can say, "No"...'

'You remember ages ago when we used to allow smoke in the pubs? Everyone smoked, everyone. Now it is not allowed...'

Most community members said they would use NRTs, approach doctors, use smoking cessation services or alternative therapies – although some thought that other Polish community members would rather quit without help:

'Chewing gums and tablets, and the plasters... some of them [Polish community members] yes, they are trying that... they would use that...'

'I go to pharmacy and it was something like stop smoking... I've got the patches and tablets and inhalations and it didn't help me...'

'I was taking pills and couldn't smoke so my doctor gave me patches and I stopped. It's been four months now, but I think of smoking every day. It's a mind thing. You have to be strong...'

'I think people from Poland really appreciate that it [NRTs] is free in this country... because in Poland you can get the same products it's just it will cost you quite a lot of money...'

'I used an NHS Stop Smoking programme... I was smoking like forty, fifty cigarettes a day. That's why I stopped it was really bad. In just a few months I was always like about fifteen, twenty a day. And then because of problems and stress and everything I started smoking around two packets a day. So forty and if there was a night out for alcohol or something else it was even more than that... so I used the service, the strongest patches and chewing gums and lozenges, and everything at the same time. And... worked...'

'I asked for help [to stop smoking], but most Polish people wouldn't go to the doctor for this...'

'... his mum went for the special therapy you know like acupuncture and it works maybe for three or four months that's all. After that she comes back [to smoking]...'

'... you are trying everything [to quit] so if you first go into a shop and try to buy some stuff like plasters or anything and it doesn't help, you try to find other ways to stop, so why not [see a doctor or use cessation services]...'

'... some of my friends [used NRTs], but it didn't work well... maybe like for a couple of months they quit and then they come back to it...'

Others felt that their doctors were not particularly helpful when approached for assistance to stop smoking:

'You are going to the doctor and you are saying, "Listen, I want to stop smoking". "Ok, I will just give you a card, a hundred kilos of leaflets and go and read it"...'

'I didn't get a leaflet anytime when I was in the GPs. I just saw the leaflets lying on the table in the waiting room. He never said...'

5.3 Alcohol

All community members pointed out that binge drinking is a problem in Scotland, but the Scottish have a perception that the Polish are problem drinkers:

'The Scottish are even worse [than the Polish for drinking alcohol]!'

'They [Scottish] drink a lot... they mix a lot, different things...'

'Everyone in Scotland drinks a lot... on the streets... in the clubs... everyone. Everyone in Poland does too. Why are we different? No matter if you're young or old, you drink. In the house, in the bar... everywhere...'

'... everyone says that Polish people can drink... that it's true is I think because we know how to drink...'

Some joked about the stereotype:

'We don't drink... Polish people don't drink... it's myths, it's myths...'

However, they highlighted that there is a difference between Scottish and Polish drinking. Many community members said they were surprised to see how Scottish people, especially women, behave when under the influence:

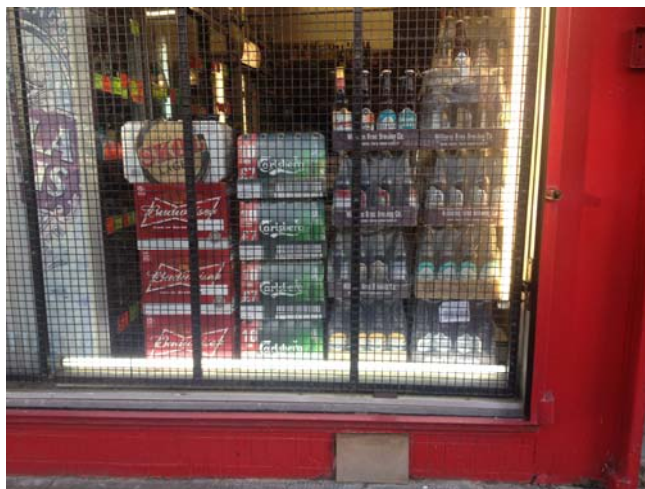
'Everyone is shocked [when Polish migrants arrived in Scotland]... just we have never seen it, girls on the pavement and... men's can be very drunk in Poland but not girls... behaviour... you know...'

'... whenever they [Scottish women] are drunk here they are more aggressive. In Poland that is not acceptable I think that girls are fighting'

'... I am not saying we [Polish] are like angels but you know, it is like when I came here [Scotland] I was so shocked...'

'... the City centre of Glasgow at three or four am on Sunday morning is shocking... I've been out in huge cities in Poland and I've never seen so many people being that drunk... and doing strange things...'

'I don't want to generalise everybody but a lot of people [in Scotland] do drink every day...'



'The impression was when I came here [Scotland], there is a lot of girls drinking here, there is not as much... they are lying down on the floor you know vomiting you know...'

'Not behaving well [Scottish drinkers]... sorry to say that... in Poland no...'

'A lot of [Scottish] people drink very heavily... unconscious on the floor...'

Most community members thought that Scottish drinkers start younger, go out to get drunk and will drink anywhere, whereas the Polish have a different relationship with alcohol:

'... in Poland it is like when you are eighteen you are getting your ID so you can buy alcohol. So not every, but most of the people just keep like until eighteen, or they don't drink that much, like in here when you see the younger girls and boys drinking already and they don't behave well. In Poland you are kind of still waiting for your ID to be eighteen and over to start like proper parties. Like going to somebody with like a bottle of vodka and drinking that.'

'We are not going from pub to pub and drinking at every single pub a different drink and then just... falling on the floor...it is not like that. That is the difference in the culture of drinking...'

'There is not many pubs in Poland like, compared to the UK, every single step is a pub here, even a small little village there is a pub. Back in Poland it is not like that...'

'Drinking in the park [in Scotland]... people drink at home [in Poland]...'

'[they drink in Poland]... but not like here...'

'[Scottish people drink] the cheapest wine drink every day... every night... in the night...'

'... we can drink more vodka, and I think that Scottish people drink either of course whisky and beer... [they] drinks shots... alcopops, and like Sours and stuff...'

'I haven't seen ever here in Scotland empty pub during the weekend, it is always full.... and during the week too... in Poland during the week from Monday to Friday maybe you will see two, three people, but at weekends there is going to be plenty of people. Here even Monday, Wednesday, Friday...'

'Even Christmas time we were like going to my brother for dinner and we were just sitting next to the pub and we could see it was fully packed on Christmas. We don't do that in Poland, Christmas time is time when you are spending time at home and you spend it with your family...'

'... we are not going out so often. So it is different. Socialising mainly at home, house parties and that kind of thing...'

'They [Scottish] are starting too early, you see sixteen years old guys with a bottle of cider, kicking around...'

'... when we are drinking we are going to someone's and there is food, and you are drinking and eating all night, so it is differently...'

'They go out [to drink]. We stay at home, simple...'

Some suggested that Polish have a 'healthier' style of drinking:

'... we are drinking much more healthier than here because we are not mixing with the juices and stuff like that. If we are drinking just vodka all the night, the next day you don't have a hangover... so you are feeling much better, much healthier...'

'... it's a different way of drinking... Polish people... we would drink vodka at parties or beer. I know it sounds weird but it's pure alcohol, there is no mixer in it. We wouldn't make drinks out a wee bit of vodka and pour loads of juice on it or coke or anything, you would drink it straight which doesn't dissolve in your body that quickly, you don't mix it with other things so the next day you don't suffer as much...'

'They [Scottish people] are always mixing different kinds of alcohol...'

'... when we are drinking we will drink vodka nothing else...'

However, community members emphasised that the Polish generally enjoy alcohol:

'Let's say we are a nation that likes alcohol... not like here [Scotland] where we do not open the bottle of wine every afternoon because it is dinner... because we cannot afford...'

'Some people, Russian Spirit, yes, Russian Spirit is the cheapest spirit but very poison yeah, a lot of people they drink it... it is four times cheaper than the normal spirit... from Russia and they import it to Poland, it is cheap...'

The negative effects of alcohol were generally accepted, as one Polish community member put it:

'Alcohol is bad. It makes you mental. People get crazy, they hit people, they fight...I don't like it...'

5.4 Addiction and drugs

Some community members noted cannabis is becoming more prevalent with Polish migrants as it is more accessible:

'... it's popular just to smoke marijuana which is very common, because it is affordable. More than in Poland they can buy this...'

'...some old people smoke [cannabis]... like medicine...'

'... back in Poland it is very strict [using cannabis]. Police will chase you, they will stop you on the street... here you can experience some people walking around us smoking drugs, you can smell it on the street and no one

is bothered. Even if they walk past a policeman... if that happened in Poland you are going to get handcuffed and to the police station... even if you have a very small amount of the marijuana you can be in trouble...'

It was also suggested that some community members, especially the young and more affluent, were experimenting with class A drugs in Poland before migrating to Scotland:

'I think it's still getting popular in Poland because... I think the price of the stuff, it could be prohibitive... but for rich people...'

'...the amount of young people that try and get this stuff now...'

'The big things changing in Poland is, I am here ten years but now the youngsters are different... there are more dealers in Poland and at school it is easier to get drugs...'

Others said they were first exposed to class A drugs when they arrived in Scotland:

'I never seen until I came here, I never seen cocaine and stuff like that...'

Addiction was recognised as being a problem for some people:

'We are talking about alcoholics, we are not talking like me, I am not drinking vodka every day or beer every day...'

'... nobody in Poland you know drinking every night, except alcoholics and the people which have a problem you know, they have lost their job or something like that. So, but normal people drinks maybe once a week, whereas a party, birthday party, wedding...'

One community member even admitted addiction was a personal issue for her:

'... both my parents are addicted to alcohol, so I know what it is. And I was very close to addiction I think in Poland because I come from a very small village and there was a strong culture of drinking I would say. And I have four sisters and every time we were meeting someone brought vodka and it was fun, ha, ha... things like that. And I've noticed that in Poland when I was working, I just was thinking about when will I finish my work to go to my sister and get drunk...'

The same Polish community member dealt with her problem by confiding in her family and removing alcohol from her life, which was considered to be 'strange':

'... I talked to her [sister] about it, so we stopped drinking and now I am here and I don't drink too – well I drink only wine for dinner, ok only occasionally vodka, but now when I go to Poland I see that my family drinks, but not only my family, my friends, they think that I am strange, that I think that I am better than they are...'

However, most community members said that Polish people battling addiction would consider getting help 'or just try talking to someone':

'... like a friend or something. I would try and talk to a friend first...'

'For me I am going to use help, like a helpline or something first... I would talk to someone to seek some professional but not very direct help and then talk to someone like a friend...'

'... I would rather just go and speak to a friend or directly to a doctor or I don't know a counsellor or whatever instead of using that kind of service [online or telephone helplines]...'

It was suggested that while the younger generation accepted addiction, this was not the case for older Poles:

'Maybe generation[al], because you don't forget about communism in Poland and strong culture of drinking, if you got to the hospital to cure your addiction you would get more vodka there it depends really...'

Other community members also said they struggled to cut down on their alcohol intake due to social pressures:

'... I used to drink every week, at the weekend we just drank on Friday to Saturday, two nights in a row and then after a while I was like "no, I need to stop doing that". I still sometimes if I am doing something just stop and not drink for one week and then the next week I would still go out and do it anyway...'

They all said they had an awareness of the negative effects of excessive drinking and were 'embarrassed' of their drunken behaviour:

'... everyone does something stupid when they are drunk and my feeling is like when I do something stupid I feel embarrassed the next day and I feel really bad. But here I have got the impression that people are like whatever happens when you are drunk it doesn't matter, it doesn't count, and maybe that holds me back from drinking like once or twice a week, going out too often because I think I am going to do something stupid and they will laugh at me for the next months...'

'... I think people just fight after drinking alcohol...'

5.5 Food, exercise and general health

All community members spoke about how eating 'traditional', 'homemade' food is important and noted that 'strong, heavy winters' in Poland resulted in a heavier diet and indulgence in comfort food:

'Poland is quite a cold country during the winter. You are not having the fresh vegetables stuff like that, so you have to find some kind of supplements... so lots of potatoes...lots of cabbage...'

'... we will miss some kind of taste from Poland and sometimes we are like, "But I would so like to eat this" and we will just cook it...'

They explained how it is difficult to generalise about Polish food as it is so diverse, but named some favourite foods:

'Pork chops... russo [dumpling]...'

'It is very tasty... roast potatoes and stuff like that....'

'... croquets... so this is like pancakes filled with cabbage, mushrooms you know or meat...'

'My [Scottish] friend was laughing, they asked me one day "oh, so do you put like cabbage on top of your pizza?"... I said no...'

'... I can guarantee you that Polish people they eat a lot of red meat...'

Some community members pointed out that Polish food is not particularly healthy:

'... to be honest Polish food is not very healthy, on the other hand...'

'Yes let's get that straight, it is not the healthiest diet on the planet, it's not...'

But they all insisted they 'try to eat healthy stuff' and stay away from frozen and fast foods – unlike Scottish people:

'... it's now it's work because now you don't always have time to cook something. But I think Polish people trying to eat quite healthy...'

'... even when I was smoking I was eating very healthy, like only brown rice, only brown pasta, only brown bread...'

'... we don't like the microwave stuff... a frozen pizza or something [occasionally], but normally we are cooking ourselves...'

'We are not using the ready meals. We prefer to do something for ourselves...'

'... chip shop is disgusting...'

'... Polish people don't eat after a party, but after you came here and you see everybody going to some place for some food you are just doing exactly the same because you feel hungry...'

'I think our stomach is different, I am sick after, going to [fast food franchise] I am really sick. I can't eat it...'

'I think people in Poland eat more healthy [than Scotland] because fruit and vegetable are cheaper than meat and other products... and there is not that many take away places... we try to avoid fast food...'

'We don't do take away really... you wouldn't have whole family dinner but in the chippy, because there is no chippys...'

'Like diet in Poland is so much better, I never eat [fast food] until I was fifteen years old because my mum is like "there is no way you are going to go there when I can cook you something great here". Whenever here [Scotland], people for the morning they would have a fry up which is probably about a thousand calories for a start, do you know what I mean? So the diet is so much different...'

'I take... people with me back to Poland and they were... [wondering] how is it possible there is so many skinny girls here? And I was like well because they eat healthy and we don't eat takeaways three times a day. We cook at home. What they find really interesting as well you see here in the [fast food chain] if you get the kids meal, the kids get the packet of crisps and like tin of Coke or Fanta or whatever. In Poland in [the same fast food chain] with kid's meal you get a bottle of still water and an apple....'

A group of Polish flatmates spoke about how they 'try to eat healthily' and 'motivate each other to like eat quite a lot of veg and fruit'. They also bake their own bread and 'cook like from scratch', which they think is 'quite healthy'.

Most community members said they either exercise or intend to:

'We are always talking about it... we are going to start....'

'I am trying to convince myself to go to a gym. Yeah, I am going next week...'

'... I exercise at home... I have got like DVDs with exercises, it's like ten minutes each, so we can mix and match whatever you feel like and it's actually quite good...'

'We go swimming three times or two times a week... we motivate each other to stay healthy [group of Polish flatmates]...'

'... I do exercise like yoga, yeah, and I prefer myself to run a half marathon...'

5.6 Trust, relationships with doctors, obtaining information and social media

There was a general consensus that Scottish doctors are not really trusted by the Polish community:

'... I don't need to have a doctor to be honest... in general we do not trust in doctors here...'

Scottish doctors were perceived to be unprofessional, unqualified, uninformed and reluctant to prescribe medication:

'... most of the [Scottish] GPs when you have got any health problems... they say, "Oh, try Paracetamol for the next forty eight hours, it doesn't help just call me back"...'

'... they [Scottish doctors] are not good qualified... they open the book they check on the book... or Google... for me it was quite strange because... probably everyone has got a quite difference experience from Poland.... in my opinion they don't know what they are doing here...'

'Maybe we could trust doctors if they wouldn't be opening the book in front of us and reading or using the websites, to let us know what is happening. It is just not professional...'

'... I think doctors in Poland wouldn't check Wikipedia to tell what's happening to you...'

'My opinion is that they don't really get into the details. So they just basically, when you go to the doctor they just want to give you for example Paracetamol or a pain killer and just send you home. So they don't really care you know what is happening with you if it is something wrong and they should send you for more tests to find out what is happening to you...'

'... it depends on the GP... most of the cases they usually give you Paracetamol...'

'If it is nothing serious, they [Scottish doctors] don't really get into the problem...'

'They seem to discourage... giving some prescription with other medicine than Paracetamol...'

'... quite often when I go with anything it's kind of take Paracetamol. So I kind of stopped going to the GP because I know now if anything is happening just take Paracetamol, because it seems like Paracetamol in the UK it's something that cures everything... I went with bad cold as well one time and because I had all of the three tablets and everything I tried and my doctor said to me drink hot whisky with honey in it and I was like, "Ok, thank you"...'

'... if you keep coming back and all he sends you home is another tablets, doesn't give you anything like to do and to like MRI or do anything else scan or anything you just think like does he really take me serious? This always

happen, if there is a hospital and there is a space and everything to check people, why don't they use it? What is that for?'

'... I feel kind of ignored every time I come [to the doctor] with something...'

'... in Poland, if you go to school in Poland... it's five, six years of studying... if you want to become a doctor you really have to work hard to actually become a doctor, it's not just like you know how the person look and what you have inside your body, you really have to work hard to be a doctor... it is a very respected profession a doctor, whoever is a doctor has maybe sacrificed all of his own time to be there...'

'... Eastern European doctors are very good educated...'

Some community members suggested that Polish doctors may over-prescribe pharmaceuticals, but felt comfortable with this model of healthcare and stock up on medications when they visit Poland:

'... maybe in Poland it's like they give you the prescription for the antibiotic too often, that's the thing. I think they shouldn't be doing this, but here it is somebody really ill, he should get that, or she should get the antibiotic and it is more likely to be sent off with the pain killer...'

'On the other hand, back and forward, we are used for that stuff, antibiotics and stuff, whatever is happened for your health you pay for antibiotics. Apparently it is not good for you... sometimes Paracetamol might be better, I am not saying it's a treatment for everything... you have to find a balance...'

'... I think is that doctors in Poland gives too much drugs, too many antibiotics... everyone knows that Eastern European people use far too many antibiotics... [but] I am looking for some kind of advice, something better than Paracetamol, I don't want antibiotics, I don't want to gastroenterologist or anything I just want to know what I can do at the moment, right now...'

'... if for example I go to a holiday to Poland... carry my... antibiotics and other medications from Poland [brings back medication]... but here it is not possible to buy without prescription or, or from the doctor take out prescription...'

'... usually when I go to Poland, I go to the doctor... I pay for everything but I do every blood sample you know, all the stuff, to make sure that I am still ok and then twice a year usually I try to do...'

'Different, between Scotland health service... Polish pharmacy shop are huge... Polish people like medicine and when you go into the doctor he always prescribes you something, it's good business. Over here anytime I go with any problem I get Paracetamol...'

'... that many of us travelled to Poland [to] sort out [a medical] problem...'

'We are used to the style of the... treatment back in Poland, we are used to a lot of pills you know...'

'... it's normal to once a year, at least once a year to get your blood tested in Poland. So they do like a check is everything ok with you and they do it once a year. Here I went and asked for it and they looked at me like why do you want a test done? And I was like just to see am I fine. And they were quite surprised...'

Differences between the Polish healthcare system and the NHS were noted and suggested as a reason for dissimilarities in services:

'Back in Poland we have to pay for our prescriptions, here you get a prescription you go into the pharmacy and you get it for free. Back in Poland we pay for that. Some of the things are refundable from the Polish NHS, but it's not like fully a hundred per cent free like here, and that might be the problem why the GPs are not giving a prescription every single time you go in there, simply because the country is paying for it. You need to consider that. Back in Poland you go to the pharmacy and you are feeding all the pharmacy... by money. Here the country is paying for that...'

'I know this is maybe because of the money in the NHS, I think everything is about the money now, but that's why NHS you know encourage people you know to stop smoking and do more sports, healthy eating stuff like that. I understand this, but sometimes I think if you could check your health more deeply that would be great. But if not I will go to Poland twice a year [for a health check]...'

Some suggested that Scottish doctors do not take the Polish seriously and are frustrated by them:

'I have found it many times that doctors are annoyed by most of the Polish people, because they are coming back all the time with the same symptoms and with the same illnesses or something and they keep coming, keep sending us... and we always come back...'

Others thought that doctors could be trained to treat patients from different cultural backgrounds:

'Maybe provide better training for the doctors, how to deal with the people from different countries because sometimes we feel like someone is racist to us...'

They all insisted, however, that they would trust Scottish doctors and those from another ethnic background if they were treated better:

'... it's not about Scottish people, it's about the doctors actually, this is a matter for your health and this is not about someone is Scottish or not, or Polish...'

'... we have got a lot of Scottish friends so... it is about the doctor, they know something or they don't know, if you go in and you see someone, not now what we are talking about, so it doesn't matter is it Scottish, English or someone else... someone from Pakistan, India, because most GPs are from you know India...'

All community members commented on the lack of patient-centred care in Scotland and feel that it is difficult to build a relationship with their doctors:

'... back in Poland when you first contact doctor, like personal thing, you know, let's see you have got one, you have got one, there is a guy who knows you, I know him and it is a kind of personal thing'

'... my impression compared to Poland, in Poland if you go to a GP you get really good care...'

'... also in Poland it is just one doctor who cares about you, not like here every single time you have got a different GP...'

'You have them [doctors] for most of your life sometimes. So it is kind of trust as well. So this guy might mention something about you know some opportunities to stop smoking, to get your help, and you are listening because you know him... but if you are getting treated by someone, several people, you don't feel familiar...'

One noted that it had taken a decade, but she had finally found a doctor she trusted:

'I am here ten years and I have seen many doctors and I find just one which I have got now thankfully. But I want to see her I have to wait two weeks... I know she is good and there is a big queue to her, but I trust her actually because a couple of times she helped my daughter, she helped me, but she is older, older doctor is usually better than the younger...'

It was generally accepted that Polish people are reluctant to trust authorities:

'People from Poland don't trust authority. They think there's something wrong... it's bad if it's coming from the top...'

However, all community members said they trust their families and close friends and use them as a source of information:

'I ask my friends and family for help and information...'

'People from Poland don't want other people to know their problems. You speak to your family and friends not to strangers...'

All of the community members said they use social media, including a 'kind of Polish Facebook', and Polish websites to obtain information. They thought these would be a useful mediums to disseminate health messages:

'...nasza klasa... it's kind of Polish Facebook, it's called in English it's 'Our Class' so you may find people. It's like very popular in Poland... flatmates, friends, family, you can access the photos... you can find what they are doing now, where they are....'

'... a lot of us have for example have a Facebook so we can pass the message around...'

'A Polish community website... Imeto... Imeto.net'

'You have got to have a Polish website which people will actually, exchanging information, they are asking where is the best GP, where is the best dentist... stuff like that. So already this is working for us...'

They also suggested using 'media' (especially radio), libraries, leaflets, community centres, sporting clubs and posters in local shops:

'Maybe in supermarkets or stores, posters, I don't know which is the easiest way but everyone goes to the shop obviously...'

'... small shops because every Polish person is going once a month definitely to Polish shop to buy some stuff. So if there would be something more it would be even better in Polish because not everyone is speaking English or understanding. Everybody can just get interested...'

'Maybe print out some... leaflets, posters, what services are available to us...'

'... community centres... football school... there is a lot of people... parents are coming to pick up kids, and friends... running football club for Polish kids...'

It was noted that all community members have relationships with workers at Polish shops and these locals could be used to distribute information to the community:

'... if you are speaking with your customer, your customer is going to like you, the customer is going to come back and the customer is going to buy more. So usually people who are working in the shops you are talking a lot and sometimes you are kind of friends even because he is just, every time he is going to see you he is going to say "Hi, how are you, and then pass some message about something" - what is going on like Polish party or anything...'

All community members brought up religion and suggested that the church could be an ideal place to disseminate important health messages to the community:

'The majority of people from Poland [go to church]... Roman Catholic... ninety per cent...'

'... it is good... I heard many different things in church and it's not awkward at all, it's quite a good idea actually... end of mass is always you know, messages from the priest...'

They also said information was best spread by 'word of mouth' in the Polish community, but said they would be willing to listen to any 'honest' and 'friendly' person:

'... it has got to be somebody who is friendly, who is your friend, it doesn't matter if it is Scottish or Polish people, as long as you know this person and as long as you spend a few hours talking about just about anything, and you feel like you feel comfortable with this person to talk about anything, you are going to take that information from anybody...'

'...I am the same... I don't see any problem to get information from anyone, as long as this is a good information...'

Language, however, was identified as a potential barrier for outsiders:

'This is no problem [Scottish people disseminating information in the community], until someone can speak English, the person probably. Many Polish people don't know English...'

'Language will be an issue as well, might be an issue...'

'... a lot of people here, other Polish people here they don't speak English at all or maybe very little...'

6. Slovakian Roma community

6.1 Background

In 2012, it was estimated that there were about 3,000 people from the Roma community living in Govanhill. The influx of Slovakian, Czech Republic and latterly Romanian Roma occurred after 2004 when the EU was expanded and in that year, about 3,000 Slovakian Roma migrated to the area. About half that number are believed to have settled in Govanhill and some Slovakian Roma have started moving to other parts of Glasgow such as Ibrox, Springburn and Greater Govan (Glasgow ROMA-NeT, 2012-2013).

The Slovakian Roma are not as integrated as the Polish community and are frequently equated with Romanian Roma – something Slovakian Roma in Glasgow's Southside have grown to resent. Some Slovakian community members said they would not speak to Romanians and added:

'They fight all the time [Romanians]. All they want to do is fight...'

Representatives from community organisations working with the Roma community also noted that it is 'a group that's used to being marginalised' and 'there's a lot of antipathy between the two [Slovakian and Romanian]:

'There's self-ascription, but they don't want to be named as Roma – 'I'm Slovakian'. They're scared to say 'I'm Roma'. They don't want to tick that box. There's also a fear of authority. There's a problem with leaving the community if they get a job. Romani language is a sacred thing. At home, one language is spoken. A different language is spoken on the streets....'

'There is a big difference in weight between Slovaks and Romanians.'

Slovakian Roma have had the rights to benefits and work since May 2011, while the Romanian Roma were only granted full EU accession rights in January 2014 – before then they had no right to benefits unless they became self-employed or had a family member in work, who could get work benefits.

Some of the challenges for Slovaks trying to integrate into Scottish life include an increased lack of skills and qualifications; poor English and literacy skills even in their own language; low levels of work experience and having only worked in a Slovakian speaking environment; poor IT skills; and the reputation and perceptions that the Roma community are lazy and untrustworthy. One representative from a community organisation noted, however, that Slovaks are 'decent and hardworking people... they only want a chance for them and their families.'

These organisations are increasingly engaged in advocacy for Slovakian Roma community members who arrive in Scotland, sometimes with 'a sense of entitlement', and are faced with 'institutionalised racism':

'The Roma have been isolated and insular, they don't want to tell you things. It's a self-perpetuating cycle...'

'... people [Slovakians] are still angry, they still have poor quality lives in lots of different aspects...'

The perception that most Slovakian (and Romanian) Roma are travellers also complicates matters, particularly as these groups are largely sedentary:

'... the landlords say, 'Oh, these people!' They're changing their addresses far too often, but a core group are settled and want to be integrated. Their kids are at school and maintained at school...'

Success stories are already emerging as some Slovakian Roma become settled:

'[One Slovakian woman] is so well integrated she's even working down South. She even goes around telling people in her community telling her it's not just about 'cross-pollination' – we're all here for a common good. These people want to be heard. A lot of them think they're discriminated against... People are so scared to [ask for help]...'

And some Slovakian Roma spoke about how satisfied they are in Scotland:

'Very good life here...'

'Here I feel freedom, everyday happy...'

'I really happy here. I like everything...'



While language is an obvious barrier to engagement with the Slovakian Roma community, younger community members who have been through the Scottish schooling system for the last few years have become fluent in English. One teenager, who had been in Scotland longer than his peers, acted as a translator when a spontaneous focus group took place at a library and gathered the opinions of seven friends and family members for this research project. While it was clear

that most participants understood English, only he had the confidence to speak in English and expressed a willingness to act as a local community champion.

A representative from a community organisation also noted that working with young people was a 'powerful' way to engage with the Slovakian community:

‘... the interesting thing about a Roma community is that I think there is a lot of kids sixteen, eighteen kind of bracket, have lived longer in Scotland than they have in Slovakia, so their sense of home is very different. So I don’t know if that will start to change that perception of the role of the state and the dominance of the state and the abuse by the estate that the Roma have historically experienced...’

It was noted that it is becoming increasingly:

‘... difficult to find the right person [to work with in the Slovakian community] as they’ve all got their own axe to grind. Everyone’s got an agenda. With the Roma community, you’ll struggle to have ‘one community’. There’s Pentacostal, Orthodox, Slovakian (Catholic), Czech....’

Slovakian Roma teenagers, however, who had been educated in Scotland were identified as key assets in the community:

‘... you could tap into some of the energy in the young people. You have got kids here who have, sixteen, eighteen now, who have lived in Scotland for the best part of ten years [with] good English... so I think if you could then get those people to sort of become an angry passionate voice for the community [to] actually fight for rights, that would make the most difference and show people that they are not just there to be... used by agencies...’
(representative from community organisation)

6.2 Smoking

Most Slovaks, their friends and family members, as well as representatives from community organisations working with this group noted that there is a high prevalence of smoking and people start from an early age:

‘Smoking is definitely an issue. Kids don’t see the dangers of alcohol and they don’t know the effects of smoking...’ (representative from community organisation)

‘I been smoking twenty years... one packet a day of twenty Pall Mall... my wife one packet a day...’ (community member)

‘... the Slovaks definitely [smoke]... you can go in [to their homes] and you can smell the smoke... in terms of the chronic disease work, it’s an issue going into you know patients or homes... in terms of second hand smoke is an issue...’ (representative from community organisation)

A group of younger Slovakian Roma friends all smoked ‘because it’s good’. Furthermore, most of the older Slovakian Roma involved in this research had been smoking for over fifteen years and smoke more than ten cigarettes a day. They generally smoke any brand as long as ‘it’s the cheapest’.

A distinction was made between Slovakian Roma friends, who smoke cannabis:

'... no grass... only cigarettes... me I no like grass... my wife also smokes, same as me [10-15 cigarettes a day]...'

Several smokers in the Slovakian Roma community said they wanted to quit because it was an expensive habit and not good for their health, but struggled with the addiction especially when their friends were smoking:

'... too much money so want to stop...'

'... did try to stop, but after going outside... I see my friends who smoke, me like... [pretends to light up]...'

'... me no like... money, money, money... no good cigarettes, but when I see [others smoking], I want cigarette...'

'I like stopping, but no because I must smoke... [he is addicted]'

'If you smoke, smoke, smoke, smoke and never stop... it is bad... something like here [points to his lungs]...'

'Yes... no good... when smoke my... [rubs is chest and heart]... no good after I smoke... [asks for help with translation]... I feel drunk after smoking...'

Most Slovakian Roma smokers were surprised to hear their doctor could help him quit, smoking cessation services and NRTs were available, and said they would consider seeking help:

'Does your doctor help for stopping? I have doctor, I will go ask...'

'Who help me, my doctor?... ah thank you!..'

'... maybe me I take tablet and stop smoking... which one tablet? I don't understand. I ask the man to give me a tablet cos I want to stopping? Which one tablet to help me stop smoking cigarette? I don't know. Which tablet?'

However, the perception from younger Slovakian Roma was that community members would not go to their doctors to ask for help to quit:

'No way. No one would...'

There were some smokers who were trying to quit cold turkey without assistance. Speaking through a translator, one said:

'... she just decided she didn't want to smoke anymore... she'd stopped for a whole year a few years ago so she knows she can do it... she just did [quit]. One day she wanted to stop so she stopped...'

Some Slovakian Roma smokers and their friends, who had been in Scotland for a longer period of time, were aware of NRTs and smoking cessation services:

'They [smokers] do, they know [about services and NRTs]... they don't want to stop...'

'They buy some tablet to stop... like chewing gum... they walked into the shop [pharmacy]... nothing help, they still smoke...'

There was a core group of Slovakian Roma, who 'don't like smoking', had 'never smoked' or were ex-smokers. All of these community members were religious and explained how the church influenced their lifestyle choices.

One ex-smoker, who had smoked for five years and quit three years previously, said he quit with the help of God. His wife also stopped smoking through his prayers:

'You know when you're a Christian? I'm asking God, I asked Jesus to help [wife – husband praying for her to stop] to stop smoking...'

Another said some people did not believe this could be possible and asked: 'Why you crying [about God]? You crazy.' He replied:

'... after two weeks to the church... hymns... closed eyes... changed my life... for three years life is very good... before life no good – for smoking and going for party drinking... and that's no good...'

One Slovakian Roma said he hoped his wife's mother, who 'smokes a lot', would quit by being reminded that Jesus would disapprove of her habit:

'... I'm asking [his wife's mother]... every time asking, "You know Jesus not like this?"... she says not too much smoke cos the Holy Spirit is inside you...'

Another Slovakian Roma woman also explained how the church had given her the strength to quit and change her appearance. Speaking through a translator, she said:

'... she used to have piercings and smoke... one month little by little she stopped... immediately she pulled out her piercings. God doesn't like...'

6.3 Alcohol

Most of the Slovakian Roma community members did not drink alcohol on a regular basis – only on special, social occasions. They also pointed out that they could not afford to drink:

'... not [drinking] every day... at home party I drink... no have party, no drink... every month about 2 days for birthdays...'

'... no Vodka... no have money...'

'I have no money to buy it [alcohol]...'

'I sometimes drink when party like Christmas... birthdays... party days...'

'... no drinking at home...'

'... it's [drinking] killing you... you can't drink everyday... it's not good... they [people who drink] say it's very good...'

'With the Slovaks, they tend to have a drink at someone's house. Drinking is not really an on-going issue or problematic...' (representative from a community organisation)

'... there is recreational use of alcohol [with Slovakian Roma]... I don't think any of the parents I am working with just now have an alcohol problem, bar one possible...' (representative from community organisation)

'I think the Roma people they do like to party... very loud music and I'm sure drink is involved, but not to the extent... not as a problem... it's not something you see you know you don't go into the houses and see evidence of carry-outs and you know last night's party or you know tonight's party sitting about or just half drunk bottles of whatever. You don't really see that....' (representative from community organisation)

All Slovakian Roma community members said they know drinking alcohol is bad for their health. One avoided alcohol altogether due to his 'heart problem' as he was on 'very strong tablets for my [his] heart'.

Some Slovakian Roma, however, said they enjoyed drinking alcohol and the younger ones had 'too many [Slovakian] friends [more than twenty]', who had started drinking in the park.

Slovakian community members also said they had noticed Scottish people drinking excessively: 'Scottish people drink wine a lot'.

As with smoking, some Slovaks did not drink alcohol for religious reasons:

'A large percentage of the Roma don't drink at all especially the Pentecostal.' (representative from community organisation)

One community member said he had hardly touched alcohol throughout his life:

'Maybe three times in my whole life [drank alcohol], no more. Only once at eleven years, after is sixteen after eighteen....'

The reason for this was religious: 'Jesus no like'.

6.4 Addiction and drugs

While most of the Slovakian Roma did not know what addiction meant, there was some awareness of it as a problem for certain individuals. One community member said he was unhappy that his parents drank one litre of vodka a day: 'I don't like it.'

Another religious community member, who never drank alcohol, said:

'My dad everyday he drinking... everything. Vodka like this [pretends to pour a bottle down his throat]... because my mum dead and after my dad go to England and get another wife and drinking with her.... I say to him, "You never say you're my dad"... he is drinking all day every day. Morning up, I see my dad drinking... after I check, dad is again. He has problem with alcohol... too much drinking, I'll call the hospital... in the ambulance... still can't stop...'

A representative from a community organisation said *'there's a core of Slovaks where alcohol is a problem'*. Another suggested some community members would *'benefit from the communication, from talking, from discussion of health'* and asked if the NHS had 'any information you could actually give them and say... for example 'do you have an addiction?'.

While some Slovakian Roma said they would maybe go to 'hospitals to stop drinking alcohol', others were resistant to seek assistance:

'I don't need help. I do it by myself...'

It was suggested that it would be beneficial to 'signpost' community members to certain services. However, another representative from a community organisation said that it was important to do work on social norms in the Slovakian community:

'I suppose it's trying to get through to the parents. I think it is quite cultural. It is really quite difficult, because we can go in and give them all the information in the world but they have to take that on board...'

It was noted by a representative from community organisation that 'with the Slovaks, there are few cases of problematic drug taking, few substance abuse issues'.

6.5 Food, exercise and general health

Representatives from community organisations working with the Slovakian Roma said that 'generally speaking there was an issue of obesity' and some said that many had 'dental caries' because of all the sweets they ate:

'... sweets... it is a huge issue... They don't go to the dentist until they really, they have got toothache and they have bad experiences... they [Slovakian Roma children] maybe don't have a lot of food at one time... parents will buy them... the most enormous bar of chocolate, full coke, all these kind of things... you are sitting talking to the parent about dental caries and diet and

their kids of sitting right beside them... with sweeties...with two fruit shoots in front of them and the parents are feeding them crisps... they are not even fruit shoots, they are the cheaper version, they are always the one that have got the most additives and the most colorants and the most things that you would not want a child to be consuming on a regular basis...'

Slovakian Roma on the streets of Govanhill were often eating Slovakian sweets – even though some said they were ‘disgusting’ – and offered to give the researcher ‘the best Slovakian chocolate’.

One representative from a community organisation said that one of the challenges of healthy eating for the Slovakian Roma community is ‘accessibility’ of nutritious food:

‘... you go around any shop in Govanhill and try and buy skimmed milk, you will not manage to do it... that’s the shops that they have got access to... they will go to [cheap supermarket chain] and it’s always selling cheap chocolate... and they don’t do wee bars, I mean they only do big giant bars and two pounds....’

Others suggested that Slovakian Roma parents need to be made aware of the importance of healthy eating:

‘... you will say to the parents about them eating chocolates – it’s the parent’s responsibility – and they will say “but they [Slovakian Roma children] like it, you know they like the chocolate, they like the sweets, they like the juice” and it’s about I suppose a wee bit about parenting. It’s about culturally how do we actually work with that? To try and change... attitudes... it is in a way in terms of that healthy eating promotion on health...’

Most Slovakian Roma said they enjoyed eating junk food as it was cheap and tasty, and tried to eat Slovakian food if possible:

‘I love the chip shop... get a kebab for lunch. It’s cheap, only £2...’

‘...fast foods... kebab, everything... eggs, ham... sometimes chocolates... chicken soup... Slovakian food...’

‘I eat chips everyday with chicken kebab... it’s the same man [goes to the same take away shop daily] very cheap... very, very cheap... £3 for chicken kebab and chips... very good...’

‘... sausage, meat... anything... all food...’

‘... a triangle with little mashed potatoes, boiled or fried...’

Some complained that they could not buy much Slovakian food in Glasgow so had to eat Polish food:

‘Poland food because no have Slovakian food, only Polish...’

It was also noted that the 'Eastern European community, Romanian and Slovakian' drink caffeinated energy drinks in excess possibly as 'they are working long hours'.

6.6 Trust, relationships with doctors, obtaining information and social media

A few Slovakian Roma said they trust their doctors:

'I trust him... he's good... he help...'

'... when I sick, I go to my doctor. He help me my doctor... my doctor very good doctor...'

'I like my doctor, he a good man. I trust him, my family all trust him... long time going to the same doctor...'

But for the most part, Slovakian Roma community members were suspicious of their doctors:

'They're okay. Sometimes. I don't like that they just give you things. They just want to make money...'

'No, I don't like doctors. I don't trust the Scottish ones...'

'I don't believe my doctors. Doctor says you maybe have some depression. Maybe you take some medicine. He says, "No, you don't need an operation". In Russia, doctors said, "Yes"... Czech Republic, they said, "Yes"... doctor here says it won't help. In the UK, medicine is so slow to work. I waited eight months for appointment to see specialist. There's a big queue...'

They said that they are not able to access pamphlets with health information written in Slovakian from their doctors but, according to health workers, more community members are accessing NHS services:

'I think initially you know when the Slovaks came first of all it was just a case that we would go into houses and we would find them and get them registered. But now they do know where you know because the service is there and they know how to access them...'

Representatives from community organisations also noted that Slovaks are used to being prescribed medications:

'Slovaks will go to the GP, but go back home to for operations. Anecdotally, they [Slovaks] go back for a procedure. There's semi-privatised healthcare there and many prescriptions are given. They prefer to be given a pill...'

People in the community said they trust their friends and family and would go to them for support and information and 'no one else'. Some said they do not trust anyone – 'only God'.

A few Slovakian Roma said they would go to their 'community centre' for information, and representatives from community organisations suggested that it was best to communicate with the community through word of mouth:

'... there is a tradition of gathering on street corners for sharing information and just that's what you do. You don't go to the pub you gather in the street more than anything else. And I think that's particularly true in Slovakian culture...'

This was echoed by a young Slovakian Roma, who said it was easy to speak to people from the community 'on the streets' and 'outside shops'.

It was noted that information was best shared when recreational activities were taking place:

'I go to a [community centre] to play billiard, singing, music, food... like a party... every week...'

'Boys like football, group football... it's fun....'

All of the younger Slovakian Roma said they used Facebook 'all the time' and had smartphones, while the older generation tended to be computer illiterate. It was noted that many young Slovaks attend local libraries after school to use computers.

7. Romanian Roma community

7.1 Background

A few hundred Romanian Roma moved to Govanhill between 2007 and 2010 and by 2011, this number had grown to about 1, 500. Since the 1st of January 2014, Romanians were granted full accession rights to work in Scotland (ROMA-NeT, 2012-2013). Before then, then they could only be self-employed and one representative from a community organisation said Romanians moved to Glasgow through word of mouth:

'They spread the word to their family – "My brother's here, he's selling the Big Issue, he's self-employed" – you should come here and work....'

Reasons for migration are largely socio-economic, as some Romanian Roma pointed out:

'Better here [Scotland]... easier to find job, earn money, kids to study, opportunities...'

'To make life better [the family moved to Scotland] life is better if working... then good... I'm working – cleaning wherever they send you...'

However, the reality for most Romanian Roma in Glasgow is abject poverty:

'The Romanian Roma have large families, are affected by poverty and stay in some of the worst housing in Govanhill. Their homes are the poorest quality with high infestation. These houses are barely fit for human habitation. The situation is out of control... especially in these housing blocks. There's scavenging from butcher's bins to look for things to buy and sell....'

'The Govanhill migrant community is dealing with problems like overcrowding, dumping on the streets, noise, dog mess... there are a cocktail of problems...'

One representative from a community organisation compared them to 'asylum seekers', who 'are at the very bottom of the pile'.

It was also suggested that there is a stigma and 'racism' about the Romanian Roma community:

'The misinformation is amazing... it's not accurate... they are certainly not travellers like travelling from place to place in a carved wooden caravan as some people would think... but then they move around quite a lot so when they are at the top of the list and people try and contact them they have moved on so that is quite a problem I think for the people who administer these [social care] programmes because they are trying to be as fair as possible but they spend a lot of time just chasing after people...'

'... there is a Facebook Campaign that started... which was all about sort of this slightly sort of halcyon view of Govanhill from days gone by, you know everything was amazing in Govanhill then... but the subtext was very much... in the last ten years, the Roma have really [messed] everything up... a lot of it was veiled racism...'

'... even meet people who... are very educated... lefty Guardian types and yet they will still be incredibly negative about the Roma and some will be extremely bluntly racist as well which is quite dazzling sometimes when you are actually confronted with it...'

'... people do generate sort of very negative overall perceptions of the Roma and in some cases it's not born out of ever having been robbed by them or beaten up by them... there are many problems in Govanhill and they seem to be most visible through the Roma... so it's difficult...'

It was explained that perhaps locals have been 'worn down' by the deterioration of their neighbourhoods:

'... [local Scots] they will maybe have had a family like the one whose house you were in today living in their close, they might have had two families like that living in their close and all of a sudden instead of having ten or twelve people living in the block they have got forty or fifty so the doors are going all the time, people are coming and going all the time. There is people peeing and pooing in the close because they have got nowhere to go, one bathroom between eighteen people it's going to have practical issues you know...'
(representative from community organisation)

'... so many issues in the street as well like with perceived and actual anti-social behaviour with dumping...' (representative from community organisation)

However, it was noted that the Romanian Roma are also exploited:

'... all the kind of landlord issues which are particularly prevalent for Roma because landlords exploit them probably more than anyone...'
(representative from community organisation)

'It's very much a community which almost expects to be pilloried and expects not to be heard and expects to be abused....' (representative from community organisation)

Despite this, some Romanian Roma community members reflected on some of the positive aspects of their lives:

'When you're laughing, life is passing faster... with music, dancing, laughter...'

'Kids are happiness...'

It was noted that the next step in the process of engagement with this community is:

'... empowering people with that information about the community, but then supporting them to become sort of active citizens where they understand their rights, they understand they have a voice you know and actually tapping into a lot of the sense of injustice within the Roma community....'
(representative from community organisation)

7.2 Smoking

Some of the Romanian Roma smoked, but one representative from a community organisation suggested that the majority are not smokers for financial reasons:

'I wouldn't say there is probably as much smoking going on with the Romanians, more with Slovaks I would say. Maybe that's financial... they are a group of people who have currently much less, disposable income... They don't tend to, you know in the females certainly don't tend to smoke and I think it's quite cultural...'

Another echoed this:

'Certainly you see a lot of guys with rollies hanging out of their mouths, but I think smoking has become such an expensive thing that you know... No I think there probably is a lot of smoking... I don't get a sense it's a massive issue, not more than say in the white Scottish population...'

One Romanian Roma mother of seven children admitted she smoked a pack of twenty cigarettes a day. She added it was an expensive habit and she wanted to quit:

'Yes, there is, it is a problem... ten minutes or fifteen minutes I go for a smoke... me would like to stop...'

'I would like [to quit]... I got a lot of stress... lots of kids... it's problem... seven children... maybe I stop, you never know...'

She was not aware that she could approach her doctor for help and said she would consider it. One representative from a community organisation pointed out, however, that the Romanian Roma community is struggling to deal with much bigger issues, such as poverty so smoking cessation is not on their list of priorities:

'It's so nebulous [the idea that Romanian Roma will access services such as stop smoking services]. It's about meeting basic needs....'

One Romanian Roma smoker, who had heard of NRTs but not used them, said that doctors would not be able to help without medication:

'The doctor himself, cannot help... just the medicine. If you going to die, you die anyway...'

7.3 Alcohol

Representatives from community organisations said that alcohol is not generally a problem with the Romanian Roma community:

'There is some stigma with drinking in the communities – that Roma have a drinking problem. But this isn't really a problem...'

'... often you hear about a neighbour complaining about a party that has happened and there is like music and dancing... they like the music and dancing... but it's not... what I would call problematic drinking, it's recreational drinking... and it's also not the same thing as coming in every night and having a glass of wine, two glasses of wine, a bottle of wine which is what we find a lot in the Scottish sort of culture so it's not... accumulative over the week... not in a brown bag at ten in the morning...'

'... I don't think there is any more of a problem [with alcohol] than in any other, I certainly have never had any suggestion that it's more of an issue....'

It was suggested that socialising on the streets may lead to 'misconceptions' about the Romanian Roma:

'... it's a really dense street pattern and that sort of lends itself to all the misconceptions about the Roma gathering around street corners. And I think if you had gangs of kids like Roma in the streets pissed you'd see it a lot more, plus, because the community is... very much out in the street... you are always going to have drunk kids here or there, but I've never seen particularly steaming drunk Roma kids roaming the streets of Govanhill...'
(representative from community organisation)

Most of the Romanian Roma said they did not drink alcohol as it was too expensive and have a negative impact on family life.

'Don't like... no good for family... too much money go...'

'Money mainly for family. If more money, more for family...'

It was also suggested that Scottish people drink excessively and were regularly in pubs and women in particular, who did not usually drink alcohol in Romania, are big drinkers in Scotland:

'You're drinking lots? You're a woman. It's okay, you're here [in Scotland]...'

7.4 Addiction and drugs

Addiction was not considered to be a problem in the Romanian Roma community. According to representatives from community organisations:

‘... in terms of addictions, I’ve only had two adults so far who have got an addiction issue as such and that was heroin...’

‘... I don’t think there is as particularly massive addictions problem in the Roma community...’

It was also pointed out alcohol and drugs addiction was more of a problem for Scottish locals:

‘... down in the East End [of Glasgow], it’s probably about a third of my case load was parental addiction either alcohol or drugs or a mixture of both and mental health and addiction mixed together as well....’ (representative from community organisation)

However, it was suggested that younger community members could become addicted as they integrate into Scottish society:

‘... I think that [addiction] will happen through time because once the children become westernised... and then integrate...’ (representative from community organisation)

It was noted that Romanian Roma who are taking drugs are likely to be more ‘vulnerable’ due to their socio-economic status:

‘... because of their finances... you can see them becoming locked in the kind of lower end of the drug market....’ (representative from community organisation)

None of the Romanian Roma involved in this research understood the concept of addiction.

7.5 Food, exercise and general health

Diet was once again framed in the context of poverty:

‘... I think cigarettes, alcohol, food, there is a big issue just with poverty. People do not have money...’ (representative from community organisation)

‘... there might be a poor diet problem and there might be poor health awareness, or there might be poor personal hygiene and things just because people maybe don’t have the money, don’t have... hot water. At the

moment, they live in sub-standard housing that doesn't have central heating, the housing is infested...' (representative from community organisation)

'... I have noticed is a lot of nicking of food. The number of times... you walk past the fruit shops, an apple and then walk on... I've seen it loads actually and I've even seen like kids, parents watching their kids doing it and just you know pretending they didn't see it...' (representative from community organisation)

'You have got people in this community who are hoarding rubbish bags for food as well... I came across a kind of basement store under a tenement, you had to go under, to the basement level to come back up into the garden, and each flat had a shed, like a doorway in this kind of cellar complex thing... and a couple of folks had basically broken up in these shed and were storing bin bags for food so that if they needed food they would come down and rip open the bags... to see what they could find. And certainly an element of the scavenging problem we have got here is about food....' (representative from community organisation)



'... people are also just struggling so much in their homes that you know they don't have enough food, they are having to steal clothing, they are having to you know do really dodgy things to raise money. And there is a lot of black employment, but it's like people are getting exploited. A lot of the folk who are working in car washes say are doing ten, twelve hour days for twenty quid you know. So people are making money but it's just the worst kinds of exploitation... I just think that... the poverty is just so severe...' (representative from community organisation)

Romanian Roma community members were described as having 'slighter builds' when compared to the Slovakian Roma.

On one visit to a Romanian Roma home, a community member asked for help:

'We have no money... we have no food to eat... can you help us?'

Undernourishment was raised as being a real problem for people in the Romanian Roma community:

'... the kind of poorer families that are coming now ...they are obviously destitute... the ones that have been coming in probably the last year or so have been poorer... big families... a bit like the Slovaks when they came initially... they tend to continue to feed their child formula milk or don't feed

them formula milk, or just don't, feed them full fat milk from birth. We have had lots of issues with children and babies getting full fat milk, because it's what they have got access to and that's about money.... that's quite common... anaemia definitely, down to their diet...' (representative from community organisation)

'The Roma suffer from malnutrition. People go through bins – there's so much food poverty...' (representative from community organisation)

'Iron deficiency is a problem. They eat lots of processed meat and loads of white bread....' (representative from community organisation)

'Some of them [Romanian Roma] are dangerously anaemic. They appear to be eating fairly balanced diets, which is at odds with anaemia. They have a sallowness. They look ill...' (representative from community organisation)

One representative from a community organisation noted that younger Romanian Roma eat 'a lot of fast food':

'... I do tend to see a lot of young kids buying what I would maybe think would be their dinner in some of the takeaway, you know like they will maybe buy a samosa or they will buy a small kebab or something like that and you think that's not a snack, that's your meal.... I am assuming that the quality of food is fairly poor....'

When entering the homes of Romanian Roma with social workers, there was often a smell of home-cooked chips. In some cases, it was apparent that junk food was consumed in excess – there were brightly coloured sweets lying around, children would go out to buy ice-cream and there were several cans of energy drinks in closes. There were also open cans of soup and other foodstuffs and packets of dry instant noodles.

Older Romanian Roma tended to have rotting or gold teeth, while younger community members looked ill – very pale and almost green with dark rings under their eyes.

In other homes, however, it was apparent that Romanian Roma parents were trying to have healthy foods in the home for their children. There were large bowls of fruit on the table with grapes, apples and bananas.

It was also noted that community members were used to getting medications in Romania and 'get antibiotics willy nilly over the counter – it's so easy'. One representative from community organisation explained:

'Families are sending over medicines – even antipsychotics and other meds. Some grandparents send them over. These medicines have no names and no ingredients on them....'

7.6 Trust, relationships with doctors, obtaining information and social media

It was noted Romanian Roma are generally mistrusting, but build relationships with community organisations over time:

'... there is a deep mistrust of the state... I don't think they will trust the state, but they will trust community organisations who are giving them things. So there is a bit of a trade-off, but I think it's kind of like the organisations build up the links with the community...' (representative from community organisation)

'There is a distrust of, not so much the medical system, but... of the social services because people are frightened of the social services... the single biggest one is that they can take my child away from me if I am not coping....' (representative from community organisation)

'... [Romanian Roma] don't trust social worker but trust health visitor... social workers are synonymous with taking away their kids...'

However, one representative from community organisation said the latter point 'isn't unique to the Roma community, that's with all cultures'.

Some Romanian Roma said that they trust their doctors:

'If sick, I go to the doctor...'

'I trust GP. He's giving me treatment...'

Others said they would not trust anyone:

'I believe and trust just God, not people...'

It was only deemed acceptable to confide in family members and Romanian Roma said privacy was important to stop gossiping in the community:

'Relatives. Sisters, brothers... you don't know what other people say... you don't know other people's politics with their families...'

'They're [other people in the community are] getting involved in other people's lives...'

'Everyone sticks to their own family...'

A representative from a community organisation noted how easy it is to spread information in the Romanian Roma community by word of mouth:

'... if we are doing an event... you get somebody, like our workers who are known in the community, to talk about it and before you know it that word spreads. We had a meeting... and we had fifty or sixty people turn up... and that was with no fliers, no emails, just word of mouth, fifty or sixty people'

from the Roma community turned up because they had heard there was a public meeting about something...'

It was explained how engagement with the Romanian Roma did not happen through 'community gate keepers', but rather a process of constant relationship building with several people in the community:

'... there is not so much kind of "the go to people". It's more a process of going to as many people as you can and then you find that's how messages are transmitted...' (representative from community organisation)

Although it was noted that it could be difficult to convey complex health messages in this way so messages should be simplified and pictures used to overcome the language barrier:

'... if it is something related to health, you need to be careful... it's not a particularly good dissemination means if you are trying to convey a possibly slightly complicated health message by word of mouth, but... I think that would be a way of doing it...' (representative from a community organisation)

'We've been looking at things where you've got translations into community languages where you've got far less words because you have got a massive literacy issue and also looking at posters where you have no words. Just pictures...' (representative from a community organisation)

One representative from a community organisation suggested that English classes could be used to inform new migrants about of services available to them:

'... if we are teaching people English, let's not teach them about going to the seaside... you go to the beach you've got sand you've got ice-cream, all this. Let's teach people about real things that will actually help them... learn about the community and feel like they can understand how to access services and use public transport and things like that...'

'... [develop] some sort of integration programme, because I think people are left to sink or swim, sink or swim in the community. And it is a community where people come here first when they come to Scotland so people don't know what their rights are, they don't know how to access services. They don't know even where to go for basic things you know. And a lot of the things that we take for granted... for other people they are almost completely alien. So we are really keen to develop this kind of thing. So I think some kind of intervention where you enable people to learn more about the community, but then empower them to actually have their voices heard is really important...'

Communication with the Romanian Roma community was identified as 'the biggest problem'. According to a representative from community organisation, community members were often 'not getting letters and not understanding the language.'

Representatives from community organisations advocated working with ‘community champions’ in the Romanian Roma community:

‘... we had also looked at the ideas of sort of community champions, who would maybe work on... programme where you might train some people up from within different ethnic communities, who could have that role of trying to educate a bit but would also have maybe a practical task as well... for example with some of the waste stuff, we looked at the idea of trying to increase recycling rates by having people check the contents of recycling bins... because if they are contaminated, the guys don’t pick them up and they call contamination non-recycling. So if you had people who were prepared to as part of their... scheme... try and raise awareness of how you use the facilities, then it would be a good way of using that kind of network within say the Roma community or say within the Pakistani community or whatever...’

‘... Roma are so kind of disempowered in their home nations that they are not used to have their voices meaningfully heard... so the way that you would really make changes by encouraging... people really to speak up for their community or to become... spokespeople or... to establish their own groups, it would be grassroots groups from within the community...’

It was noted that information was obtained by ‘taking examples from people’ in the community, but not Scottish people as they were considered to live hedonistic lives:

‘Romanian. Obviously. What can you get from Scottish people? They’re taking drugs everyday... [her husband gets embarrassed, she replies]...I don’t care. They [Scottish] enjoy drinking, taking drugs...’ (community member)

Religion was also raised by several Romanian Roma community members:

‘God knows what will happen in the future... you [health workers] cannot know if everything is decided by God...’

‘Every Sunday [Pentecostal] go to church... if you deserve it, he’ll [God] answer your questions. If you believe in God, he will help you...’

‘Only God can change our lives...’

8. Community engagement

8.1 Tokenistic research

It became apparent that researchers are not always welcomed in Glasgow's Southside, particularly when they do not report findings back to community members. There was also a perception that organisations and funders are only engaging with certain minority ethnic communities, because they have to 'tick a consultation box':

'There is wariness about research in this area – they've been researched to death, there have been similar bits of research done and that hasn't built trust in the communities.' (community organisation representative)

'We need to move away from parachuting in and have real Roma engagement'. (community organisation representative)

'... it doesn't feel like a real proper exchange... I don't think it's meaningful....' (community organisation representative)

'... we've tried to find ways to bring Roma into those forums in a meaningful way not in a tokenistic way...'

'... what doesn't work so much these days is going to say a community or a community group or a community hub and saying "we've got a research project, we want to do this and we want you to be the person that recruits [community members]... that just works less and less... partly because a lot of these areas are over researched...'

'... people... don't ever get the results of the research, don't see how the results of the research are used to change their lives for the better and it's all very detached...'

'I don't think there are many people who actually really care about the Roma... they maybe care about employability or they care about the environment, but they don't really care about changing the lives of the Roma.'

It was suggested that organisations and funders have a duty to act on research recommendations, but sometimes neglect to:

'... people like you [researcher] come or someone else comes, there is a moment there and then after that it doesn't really go much further than that... as a researcher you can't do much about it, you are funded for a piece of work and then you move onto the next one you do, so you can't go back to what you did in the past because in the past you submitted a

recommendation for others to look into. But they do [follow recommendations] or not... (community organisation representative)

This was considered to be counterproductive as research was viewed as an opportunity to meaningfully engage with communities:

'... this [research reports and findings] is not the end of the process, but the beginning. The conversation starts now.' (representative from community organisation)

One community organisation said it had already conducted research into BME groups' perceptions of health in the past, but most researchers and key policymakers 'don't get a chance to see the research' as findings are not published in peer-reviewed journals.

However, it was explained that most researchers and key policymakers 'don't get a chance to see the research' as they are not published in peer-reviewed journals.

8.2 Other barriers to engagement

A lack of funding was identified as a barrier to continuous engagement with minority ethnic groups:

'... now funding constraints, volunteer involvement you know, vision and scope and other organisations saying we can do this or we can do that, meant that we can't then go on to deliver and focus on that...

You try not to be this parachute effect and then the funding goes and you have to develop and start all over again.'

However, it was also noted that 'there is money sloshing around for workers and for projects' with minority ethnic groups so vested interests, 'inherent power' and engagement with some community members and organisations need to be carefully balanced and monitored. Organisations were also encouraged to be more proactive:

'We need to be linked in. They won't come to us, we need to go to them. We need to be signposters.' (community organisation representative)

It was noted that 'a culture of trust' has been established between minority ethnic groups and some community organisations, but there may be an expectation of reciprocation:

'... so we will let you ask us questions, we will let you bring someone in to talk to us. Often if there is like an exchange of money or a token or something like that...'

'... there is a kind of over consulting phenomenon and it's often the same sorts of people [attending] so... maybe some sort of like grocery voucher or something is required.'

'... if you can come up with a creative way of doing that [engaging with minority ethnic communities] that perhaps also gives people food or gives them some kind of reward, but doesn't patronise in that way... here is twenty quid for coming along", but... it would be more about hearing people's voice and making them feel that their voices are valuable.'

During ethnographic fieldwork, there were several times when community members or organisations acted as gatekeepers. The researcher was not allowed to simply arrive:

'No. You must get in touch with me first... you can't just come. We have codes and procedures and first I must see if it's possible for you to come. I'm not trying to put barriers, but this is what you have to do... Also maybe you must see first if you can give something to them [community members]...'

Literacy and numeracy were also raised as barriers for engagement as well as 'recruiting within the community' particularly for the Romanian Roma as 'they will come from a clan and if you're not associated with that clan' there will be limited engagement.

Imbalances of power and misinformation were also flagged as obstacles:

'There's a power struggle in these new communities. The young ones are kicking up their heels. Interpreters are not really real assets. They may be intimidated by a situation and misinformation goes on.'

Furthermore, it was noted that people from minority ethnic groups may not feel welcome in certain organisations or programmes due to perceived racism:

'... one of the first black people that we had brought in [to a programme]... "it was hard", he says, "because we thought this was a white club". And I bet you there is a lot of that going around... all sorts of people have racial prejudices of different sorts including people from different ethnic minority groups, and if they don't think that that's for them then they won't go in.'

The extent to which services were accessible and aimed at minority ethnic groups was also questioned:

'... how do you access these services if you don't know about them? And if they are aimed in a different way... they don't extend themselves out to make it easier to participate... even on a very simple, within a white system... there is quite a lot of

evidence that if you are an articulate member of the middle class you get much better treatment in the health service here than if you are an inarticulate person, who doesn't push the system and dialogue with the doctors and the nurses...'

8.3 Genuine engagement and co-production

It became apparent that real engagement requires persistence as community organisations and members do not always respond to communications or deliver on their promises. One community organisation described this as 'passive resistance':

'... mainly it's your request, your email just doesn't get answered... it's more that kind of passive resistance if you like, "well that is not a priority for me just now" so you've got to find a way of helping it become a priority for them. But then that comes down to perseverance... in terms of following up, following up leads that actually you do think are quite important and emailing again or actually picking up the phone and trying to have a conversation. But recognising that it won't be for everybody but at least you are giving them the opportunity to be involved.'

It was noted, however, that there is not 'one size fits all' approach to engagement as communities and organisations have different assets and compositions:

'... in terms of engagement a lot of it has to do with the organisation or whoever is trying to engage with the communities and their particular traits and characteristics and how they can adapt and come across you know in different situations. And a lot of it is there particular strengths so it's quite hard to make generalised statements about how to engage with communities.'

Once meaningful relationships have been established, however, they need to be sustained. Community members need to feel that they have ownership of projects they are part of:

'... even better is when the idea for a research project emerges with them. So you are not having this point where you are having to get in contact with them to ask them to help you with recruitment you know it's you've decided together that this is an area to look at.' (community organisation representative)

'... you can't go in with your agenda as to what you want to get from the situation or how you want to help them you have to respond to what people are saying in the area are saying are the priorities and assets and you know the problems... but if you can keep adding to what they are doing then that is the key... but it might not be what you thought you would learn you know, you will continuously learn.'

This co-production helps to build resilient communities:

'... the research contact is getting more for more partners in that research than just the research findings that you take away so that you know you are addressing the question that your community partners are interested in that helps them to develop their services. So they feel they own the project as much as you do... inevitably you will leave, you can't keep a contact going there forever, but hopefully when you do leave that service has got something that it didn't have before you went in that you've helped create together.'

It was noted that organisations have a responsibility beyond just delivering services:

'Our responsibility is to inspire people to meet their potential regardless of background.'

8.4 Critique of the application of asset-based approaches and co-production

Several representatives from community organisations commented that while asset-based approaches are being advocated by policymakers and organisations, they were not being appropriately applied:

'This asset based stuff at the moment is like a helium balloon. And it is not connected in. ... it's like a hula hoop... it's a fashion at the minute, not connected... what we are actually doing in practice just now is making life much more difficult in practice for the places that have the assets, because when you are managing a centralised budget in a health or in local authority, what you do is you protect your own service against the services that you contribute to on the outside... and so at the moment... we are taking money out of these assets rather than building on them...'

'... the language is there in policy. It's a really favourable policy landscape, but actually where that is actually being translated into real practice on the ground, I am not sure if that is really happening yet. So I think it's that about "ok, we are up for it, we recognise at a policy level this is a good way of working this, this is proper engagement, this is proper co-production, co-design", but it's then the translation of from policy actually into practice and then people being able to go out and work in that way and move away from traditional ways of research in terms of parachuting in, getting what you need and getting back out again. Without that co-production stage in it is going to be the challenging part of it.'

It was noted that the balance needs to be redressed about the way services are currently delivered and this is going to be a challenging process:

'...there is huge challenges to working in this way for health and care services in terms... the culture... traditional ways that services are delivered and professional boundaries and the skills and values of the individual members of staff within those teams. Cultural, organisational cultures. But I

think the language is there now amongst staff, they are aware of what it is, they want to know more, they intuitively see it as a good way of working they are just not sure how to do it.'

As a result, organisations will need to train their staff accordingly and support them to work in this way; identify strong leaders; and have clear organisational values:

'... if this way of working is to become part of the way that we deliver services, then it needs really good strong professional leadership to show that this is a good way of working to bits of the service who can work in this way. But it comes down to capacity, it comes down to resources, it comes down to staff training, workforce development, all these big issues which are huge for the system...'

'... it's about supporting staff to recognise that and about reinforcing that it's a way of working that is based on a set of principles or a set of values in a way that you see the world. And it's got a different starting point. So rather than starting with the problems and what is wrong, it's about starting with what people care about and what matters. So it's about changing the position, changing the mindset and changing culture, which is the big thing for services and the delivery of services...'

It is also important to realise, according to an expert in the field, that there can be degrees in the application of asset-based approaches:

'... you can be asset-based working to some degree – that's not to say well we don't talk about treatment, we don't talk about needs, we don't talk about problems, we don't talk about deficits – it's about saying well there is a balance somewhere in the middle where you can still talk about strengths and capacity and capabilities at the same time as you are trying to address some of those needs, you are just taking a different starting point. ... this idea that... you drip research findings into professional discourses and then the profession changes, we are finding it doesn't work that directly... that's a very linear way.... people [in communities] have to think they've had the idea themselves to actually change... so you have to work in a very interactive way with practitioners and again say co-production, co-creation again that is often starting with... what are they interested in, what are the gaps in their knowledge, where do they feel they need support and help. And developing research projects often with them... so that you know they can fill those gaps.'

And successful applications of asset-based approaches are 'looking at the whole person' and adapting to the needs of particular communities:

'It's not a one size fits all, like if something is very much based on a set of values and principles and the way that people work together, then it's never

going to be exactly the same in two places... you have to be sensitive to the local circumstances, local priorities, local needs, so it is never going to be exactly the same everywhere but it's about the recognition of that same underpinning ethos that is in place.'

8.5 Local champions

The importance of identifying and building relationships with key local champions in communities was highlighted as a priority:

'A lot of folk don't even use services, because word might get out – confidentiality is an issue. It's people from their own communities that they trust.'

'... it's also about creating perhaps a layer of kind of civic leaders... or informal leaders within the community like people, who then become recognised as someone who has something to say and who you listen to, you maybe get some kind of benefit from getting their expertise...'

'... it kind of reaches the parts that other services don't reach, that services don't reach, it's not a service it's a way of life. And it gets the informal bit working. And it's the informal bit, that dynamic in people's houses, or in their friends and neighbours that makes things happen, not a bloody check list'.

However, some community organisations noted that it was important to be aware that some local champions and indeed translators were not entirely altruistic:

'There are self-appointed folk... local champions come forward...you get told: "if you don't work with [local champion] and don't include him, it'll be difficult to get any engagement." They may be wheeler dealers – they're the "go to guy" for processing passports, but could be ripping people off...'

'Sometimes translators don't give correct information to their clients. There are even inaccuracies with what's being said.'

8.6 Engagement through localised campaigns, recreation activities & the youth

It was noted by a community member and advocate that 'a blanket approach' of engagement was 'not going to work' and that 'autonomy in local messages specific to groups' is needed:

'... that's just the way it is you know... people stick to their own kind of groups and allow their involvement in that group to help support them...'

Sport was highlighted as a key way to engage with minority ethnic groups and direct them to smoking cessation services:

'... football has been the key driver, but at the same time sports and health has also come onto the agenda... ultimately what we are doing is giving those [BME] groups a platform to become more healthier, to speak about these things... they don't normally have a voice... it keeps you involved within the football game, it gives you some flexibility, it gives you... a chance to develop communities at a very early stage, and give them realistic measures as well.

I know myself when I am doing [sports training programmes]... older people want to get involved in football or want to know where can I go and do this, and is that coincides with things like smoking cessation then it's brilliant because maybe they don't know how to stop quitting. I am giving them... this is how you go and play football, go and do this, this is going to be really good for you, what if I said at the same time do you smoke? Have you thought about maybe doing this and how much that will help? They need that little bit of advice as well.'

Linked to sporting initiatives, was the idea for arts and media projects for young people in particular. Volunteers were viewed as community assets:

'...they will be doing arts and as well as that they will be doing media training. That's one thing of it we will be doing, but our vision kind of kicked off through the vehicle of football... we've got a vast array of volunteers and young people who help and events that we help organise and holiday programmes...

...we focus on perhaps holding events that are focussed specifically on you know attracting people in and you know, our project is very flexible in that respect as well, but as long as it's health and wellbeing being promoted or sports and recreational being promoted then we will be involved.

Maybe something around music... it's maybe a slightly stereotypical view because... "oh Roma love music... we do put on events, oh if you put music on the Roma will come", but they do genuinely love music, they love dancing and if you walk [in Glasgow's Southside] at nine, ten o'clock at night you will just hear keyboards and singing from a lot of the flats. Often you will find the groups on the corner will sing as well which often elicits kind of different kinds of responses from neighbours, who maybe don't welcome it but there is a lot of really interesting stuff around music.

... we've talked about are things around food and music which bring people together extensively to talk about you know something that is going on in the community or perhaps just to find out what people think are the gaps in the community themselves and how they think we should design things for the community.'

The benefits of working with the younger generation in minority ethnic communities were also spelled out:

'... I am not saying that we should always target younger generations because they are our future, but essentially they are and they have got a lot more to gain in terms of understanding of where this could go... what's the effects of it personally or [from a] health perspective?'

And there were calls for the integration of services, for example employability and health:

'... [at the moment] they come badly together here, because it's how we frame issues. And it is all part of this running of services rather than solving problems... [working with] long-term unemployed...one of things I noticed, it was so obvious to me as I walked around... I was bigger than most of them. My colouring was different. These were not health wealth people...'
(representative from community organisation)

9. Final comments

The range of findings and conclusions presented in this report highlight the complexities for any organisation attempting to meaningfully engage with multiple cultures.

Service providers have to deliver statutory services and satisfy several stakeholders, including communities and the media, which can be markedly critical when challenges arise. They are also contending with budget cuts and capacity issues, while expected to adapt the way they have traditionally worked and use an asset-based approach and co-production.

While there is a general desire to work in this way, there are still uncertainties about what this means in practical terms and how to shift organisational cultures, principles and values accordingly.

It is encouraging, however, that within the relatively short time of six months it was feasible to engage with hard-to-reach minority ethnic communities, either directly or through community organisations or local champions. Furthermore, several contacts expressed an interest in working with the NHS in a collaborative and consequential way for a sustained period. Trust was also nurtured with certain community members through continuous engagement.

As organisations adopt more imaginative and person-centred models of working with minority ethnic communities rather than delivering services to community members, it may be heartening to remember that a rich, dynamic, diverse and multi-cultural city is likely to emerge over time.

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